

# DR. LOBSANG DHONDUP

## INFORMED CONSENT

1. The undersigned hereby gives voluntary consent for the administration of treatment by the methods of traditional Tibetan medicine, by Dr. Lobsang Dhondup who is trained solely in the tradition of a traditional Tibetan healer.
2. I understand that the understanding of health and illness according to the indigenous Tibetan medical tradition is wholly different from that accepted by modern allopathic medicine, and that Tibetan medicine has not yet been established as a clinically valid practice in the United States of America or in Canada.
3. I understand that no guarantees concerning Tibetan medicine or its efficacy have been given to me, and that I volunteer to receive this treatment solely because of my own personally held belief that it may be effective in my particular care.
4. I understand that the substances given to me as remedies by Dr. Lobsang Dhondup are composed of natural substances compounded for my use in a manner delineated in the traditional Tibetan pharmacopoeia, not in a manner considered valid by modern scientific pharmacology. They are prepared under the supervision of traditional Tibetan healers, not modern pharmaceutical companies or agencies, and are not yet recognized as effective medicinal treatments by modern allopathic physicians or pharmacologists.
5. I have been made aware that certain side effects may result from these natural substances, and that these include but are not limited to the aggravation of symptoms existing prior to taking these substances.
6. I understand that I have not by any of the forgoing provisions agreed to cease or not pursue any conventional or non conventional medical treatment, and may continue with any other such treatment, and or seek any other professional medical opinions or treatments which I so choose.
7. I understand that the results obtained from my treatment by Dr. Lobsang Dhondup may be published, but in such case my identity will remain strictly confidential.
8. I consent to the presence of any such assistants, as Dr. Lobsang Dhondup may deem necessary at the time of my consultation and treatment, including, but not limited to, translators, physicians, and students.

I hereby certify by my signature that I have read this entire form. I understand all its provisions as described above, and I have discussed any questions to my satisfaction. Nothing has been communicated to me in any manner which differs or is in conflict with the above.

**NOTE: There is a \$50.00 fee for Missed appointments and Cancellations made less than 48 hours prior to appointment.**

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
NAME (Please print clearly)

\_\_\_\_\_  
GUARDIAN (If under 18 years old)



**Tibetan Healing Center**

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