## **Betty Magill**

## Computerized Health Screening

265 Shoaf Rd. Smithfield, PA (

(724) 564-9013

## **WAIVER AND CONSENT**

In consideration of receiving services of value from C-Life, Inc., I hereby declare:

- 1. That I have been informed that Betty Magill is not licensed to practice medicine.
- 2. That she has stated that she will neither diagnose nor prescribe for any condition that I may have, and
- 3. That she has encouraged me to consult a licensed medical practitioner for any physical or mental complaints that I may have.
- 4. My signature below also signifies my consent for computerized screenings by Betty Magill

Signature	Date
Informed Consent Agreement	
The EDS 2000/Computron is for investigation use on performance characteristics of this device have not	-
·	tified investigators (licensed health care practitioners and ertified by AAABEM (American Association of Acupuncture
u'qder the regulations of United States Food and Dro AAABEM has established an Institutional Review Boo	mputron represents a non-significant risk device as defined ug Administration (FDA). In accordance with FDA regulations and (IRB) which concurs with the nonsignificant risk status of sined non-significant risk determination from the IRB.
mitigating, or treating disease or in preventing impa	creening device and is not intended for diagnosing, curing, irment of human health. FDA regulations state that any a diagnostic procedure without confirmation by another re.
I have read and understood the above information.	
Signature	Date