



Informed Financial Consent Form for Nstride Injection

Patient Name: _____ Date of Birth: _____

Medical Procedure: _____

Description of the Procedure:

I, the undersigned patient, have been informed about the details of the medical procedure I will undergo.

Costs:

I have been provided with the costs associated with the procedure. This fee includes the consumables for the procedure:

Total Cost: \$1200
Non-Refundable Deposit: \$200

Acknowledgements:

I acknowledge that I have read and understood the information provided in this Informed Financial Consent Form. I have had the opportunity to ask questions and discuss any concerns regarding the medical procedure and its associated costs.

I understand that the **deposit** I have paid for this procedure is **non-refundable**. If I choose to **cancel** my procedure, I will **not be refunded** my deposit unless there is a medical reason not to proceed.

By signing this form, I give my informed consent to proceed with the medical procedure mentioned above, understanding the financial implications involved.

Patient Signature: _____ Date: _____

Doctor's Signature: _____ Date: _____