

# Dr. Ettinger's Distance Consultation Program

## Step One:

1. I will first need all of your past and/or present labs tests. You may send them electronically (sibodoctor@gmail.com) or by standard mail. 630 S. Glassell St #103. Orange, CA 92866
2. Only after reviewing your labs will I be able to determine if there enough data for us to successfully work together.
3. If everything is in order, I will then contact you to set up our consultation.
4. If your lab tests are not thorough enough or recent enough, additional testing may need to be done. If you need help ordering tests, I can assist in that. All testing ordered will be done at my cash rate. Basically, you pay what I pay. You may also get testing done on your own. I will provide you with the tests that should be ordered.
5. I cannot order tests in the states of MA, NY, NJ or RI, or outside of the USA.
6. Once the appointment is set you will be asked to prepay for your consultation, to hold your appointment time.

Initial \_\_\_\_\_

**Step Two:** Read, print and fill out ALL of the forms below, **completely**. Initial where indicated. Scan and email them to sibodoctor@gmail.com or mail them to 630 S. Glassell St. #103, Orange, CA 92866.

1. [Natural Health Consultant Informed Consent](#)
2. [Metabolic Assessment Form](#)
3. [Three Day Food Diary](#) (please list any supplements or medications you are taking).
4. [BioHealth Diagnostics Survey](#)

Initial \_\_\_\_\_

## Consultation

**Your initial consultation is a (90 minute) block of time - \$450 USA.**

- 20 minute for review of all records/forms/tests and any needed preparation or research for our consultation.
- 45 minutes actual phone or Zoom time.
- 25 minutes to research/write your personalized treatment protocol (diet, supplements, lifestyle modification, videos, recommended reading,

exercises...). This will be sent via e-mail. Writing your individualized plan may take me a few days, especially if your case is very complex. PLEASE BE PATIENT. I want to help you and I will not take any shortcuts with your health.

**Initial \_\_\_\_\_**

### **Additional Email, Phone or Zoom Support Fee Schedule**

I will write-up your protocol in a manner as to be as easily understood as I possibly can. That said, you may feel you need additional clarification. Also, during your protocol you may have many questions that require direct communication, which is understandable. I am here for you as your coach and want you to succeed and regain the quality of health and life you desire.

Any additional time spent on the phone, Zoom or through e-mail will be \$88 per 15-minute block of time (This is my in office charge as well). Please be mindful of this. You are encouraged to pre-purchase blocks of time and receive a graduated discount. On average, most clients use between 60 - 90 minutes for fine tuning and support. This fee can't be used for products. Any unused time may be refunded. The refund will be prorated to the amount of time used, and may not be at the original (discounted) time-rate you purchased.

**15 minute blocks of time - \$88**

**30 minute blocks of time - \$133 (20% discount)**

**60 minute blocks of time - \$246 (30% discount). This discount will also apply to any amount of time bought after your first 60 minute block of time is purchased.**

1. Future payments for all follow-up support will be made before such support is given and it's best to have this in place when you receive your protocol via email.
2. If a credit card is kept on file your initials below grant Ettinger Inc authorization to bill your credit card for time spent responding to your email inquiries, phone calls or Zoom.

**Initial \_\_\_\_\_**

## **Follow-Up Consultations**

Follow-up consultations will be scheduled at the end of our initial phone consultation. These are usually done at 7, 14 or 30 day intervals and depend of how much ground we need to cover. Fee's are based on time used and blocks of time purchased. Please see the above paragraph.

**Initial \_\_\_\_\_**

## **Nutritional Supplementation**

1. Nutritional supplementation and applicable shipping costs are an additional charge. I do not ship outside of the USA.
2. THERE ARE "NO" RETURNS, REFUNDS or REPLACEMENTS ON PRODUCTS ONCE SHIPPED.
3. Once a product is mailed via USPS, I accept no future liability as far as the product being lost, stolen, damaged or not received.
4. You will receive a USPS confirmation number.

**Initial \_\_\_\_\_**

## **Informed Consent for Phone or Video Consultations**

To better serve the needs of people in my community and abroad, I know offer health, lifestyle, lab interpretation, and nutritional supplementation consulting services, through interactive telecommunications and/or by the electronic transmission of information. This process is commonly known as "telemedicine" or "telehealth." This means that you may consult with me from a distant location. Since this may be different than the type of consultation with which you are familiar, it is important that you understand and agree to the following statements.

1. I, the consultant, will be at a different location from you.
2. I may keep a record of the consultation.
3. I, the client, voluntarily consent to receive health consultations or services provided by Dr. Ettinger, which may include diagnostic tests, supplements, dietary recommendations and exercise recommendations.
4. I, the client, understand that it is my responsibility to make arrangements for all follow-up consultations.
5. I, Dr. Ettinger, will not share or release any of your personal information without your prior written consent.

**FINANCIAL RESPONSIBILITY**

In consideration of the telehealth services rendered to me, I agree to pay for Dr. Ettinger's time incurred by me during my consultation, follow-up consultations, e-mail and/or phone support, and any products I may purchase.

**Initial** \_\_\_\_\_

**Please Write Clearly**

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Married: \_\_\_ Single: \_\_\_ Children 1, 2, 3, 4, 5, \_\_\_ Ages: \_\_\_\_\_

Occupation: \_\_\_\_\_

**Please sign and date below to signify that you have read the policies contained within pages one through three above, completely, and agree with their terms. No warranties or guarantees are given or implied.**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_