



First Name _____ Last Name _____ M.I. _____

Practitioner Type _____ Years in Practice _____ DOB _____
(Please include a copy of your diploma, certificate, license, etc.)

Mederi Academy/ETMS No Yes Referred By _____

Company Name _____

Billing Address _____

City _____ State _____ Zip Code _____

Phone (W) _____ Phone (C) _____

Email _____

Shipping Address same as above see below

Address _____

City _____ State _____ Zip Code _____

Acknowledgement of Terms and Conditions

By initialing and signing this application form, I certify that I have read and understand the terms and conditions of this Practitioner Application and Apothecary Policy set forth by Mederi Center. As a Qualified Healthcare Practitioner, I acknowledge that I am responsible for recommending products to my patients, and release Mederi Center from all responsibility related to the health care of my patients.

Signature: _____ Date: _____



Waiver of Liability for Low-Dose Products 2024

Mederi Center draws on the tradition of eclectic herbal medicine, which includes certain low-dose herbs that are potentially toxic, and may be harmful if used or handled improperly.

Low-dose single herb extracts and compound formulas, which include low-dose ingredients, are available only to practitioners who demonstrate sufficient knowledge or experience to ensure their safe use. This includes knowledge of appropriate dosage, cautions, contra-indications, signs of toxicity, and first aid measures.

Approval is granted solely at the discretion of the Mederi Center Apothecary, and may be rescinded at any time without notice or warning. We reserve the right to refuse sale of any herb or herbal formula at any time to any customer for any reason.

Potential Toxicology:

Initial Low-dose herbs, and compound formulas which include low-dose ingredients, have significant potential for harm from misuse. As an approved practitioner, I understand the risks and potential side effects for each herb and compound formula that I purchase from the Mederi Center Apothecary. I understand the therapeutic dose and the toxic dose potential first aid measures. I am aware of the potential risk as listed in the *Botanical Safety Handbook, 2nd edition*, or similar reference text.

Storage Precautions:

Initial Store at room temperature, away from direct sunlight, in closed containers when not in use. Store in separate locked cabinet, away from other food or nutritional or herbal supplements. Keep out of reach of children.

Accessibility:

Initial I will not display or promote these products for sale over-the-counter, or without a prescription. I will not place or display these products where the public or children may access them. I will not make these products directly available to minors (under the age of 18), rather only under the guidance and supervision of their parents or legal guardians.

Multiple Practitioners:

Initial In the case of multiple practitioners or office administrators ordering under the same account, I accept full responsibility for the actions of all individuals associated with this account, in the way of storage, display, recommendation, application, and prescription of these products.

Initial **I understand Low-Dose Risk:** I understand and accept all risk with the use of these restricted low-dose botanicals. I understand that each herb has its own unique phytochemical make-up. I understand that the use of low-dose herbs is potentially hazardous, sometimes even at usual therapeutic doses. This informed consent sheet cannot cover all possible situations which the user may experience.

References: The following are recommended resources for low-dose botanicals.

Botanical Safety Handbook, 2nd edition

Gardner, Z., McGuffin, M. American Herbal Products Association 2013

The Toxicology of Botanical Medicine

Brinker, F. Eclectic Medical Press 2000

The Essential Guide to Herbal Safety

Bone, K., Mills, S. Elsevier 2005

Acknowledgement & Liability Waiver for Low-Dose Products

By initialing the above consents and signing below, I certify that I have read and understand this document in its entirety; I agree to all provisions herein, and certify that all information provided by me has been true and complete. I indemnify Mederi Center from any legal responsibility related to the inappropriate storage, display, recommendation, application, or prescription of these products.

Name _____

Signature _____ Date: _____