



Sussanna Czeranko, ND
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STATEMENT OF ACKNOWLEDGEMENT

To clarify my position as a health care practitioner and my mutual responsibility in your health care, I ask for your co-operation in signing this statement of acknowledgement:

1. Sussanna Czeranko ND is a licensed Naturopathic practitioner and not a medical doctor; and that she uses non-invasive, natural methods of assessment and treatment of body dysfunctions.
2. The methods utilized in this clinic have a proven clinical foundation, yet may not be accepted practice by standard [allopathic] medicine.
3. Any advice provided to me as a patient of Sussanna Czeranko ND is not mutually exclusive of any advice that I may now be receiving or may in the future receive from another licensed health care provider.
4. I am at liberty to seek or continue medical care from a physician or surgeon or other health care provider qualified to practice in Canada.
5. Fees are payable at the time of each consultation or treatment

I understand the fees are as follows:

\$180.00 for initial adult visit

\$140.00 for initial child visit

Follow up visits are based on a \$160.00 per hour fee schedule [adults and child]

I, _____ have read, understood, and acknowledge the above statements.
[print name]

Signature: _____ Date: _____

[Guardian if applicable]