

**Dr. Lisa Zimmermann MD**  
**776 Shrewsbury Ave Suite 103**  
**Tinton Falls NJ 07724**  
**732-440-4782**

**Medical Treatment Consent Agreement**

Dr. Zimmermann is a holistically trained MD, utilizing biologically compatible treatments to help her patients achieve optimal health and wellness. She does not practice primary care medicine, as she is consulted as a specialist. As such, it is required that all patients maintain their primary care physician for general check ups, physical exams, and needs for prescription medications. Dr. Zimmermann cannot renew any pharmaceutical medications ordered by a different physician. In the event of a medical emergency, patients should contact their primary care physician or seek emergency medical attention.

Dr. Zimmermann has undergone extensive training and achieved numerous certifications within her field. Her treatment protocols are individualized for each patient. Dr. Zimmermann does not treat according to CDC guidelines. By signing this agreement, you acknowledge and agree to be treated by Dr. Zimmermann, utilizing alternative treatment protocols that can include a combination of: nutraceuticals, herbal medicines, homeopathic medicines, and regenerative intravenous treatments.

Dr. Zimmermann does not treat pediatric cases and thus does not accept patients under the age of 14. If the patient is a minor, under the age of 18, Dr. Zimmermann requires that all legal guardians are properly informed of the treatment protocol and agree for the minor to be treated by Dr. Zimmermann utilizing non CDC guidelines and treatments.

I understand and acknowledge that Dr. Zimmermann is not my primary care physician. I am aware that I need to continue to be monitored by my primary care physician. I understand and acknowledge that Dr. Zimmermann does not follow CDC guidelines for treatment. I have been informed by Dr. Zimmermann and staff of potential adverse reactions such as Herxhimer reactions. I agree to be treated by Dr. Zimmermann utilizing an alternative treatment protocol that has been explained to me by Dr. Zimmermann and staff.

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Patient Signature: \_\_\_\_\_

If the patient is a minor:

Legal Guardian #1 Name: \_\_\_\_\_ Date: \_\_\_\_\_

Legal Guardian #1 Signature: \_\_\_\_\_

Legal Guardian #2 Name: \_\_\_\_\_ Date: \_\_\_\_\_

Legal Guardian #2 Signature: \_\_\_\_\_