

Nyinda Clinic: Tibetan Medicine & Holistic Healing

Informed Consent for Metza External Therapies

I, (*PRINT NAME*) _____ hereby state that my choice, freely given for seeking the traditional Tibetan Medicine treatment known as Metza, where the herb artemisia will be burnt on specific points on my skin. I have had the opportunity to ask any questions about the history of this Tibetan Medical tradition, and my practitioners qualifications prior to the commencement of any Metza treatment.

In Metza there are different aspects of application of this modality as an external treatment. It can be warming, with repeated application of the herb burnt over a point, or atop salt and or ginger in the belly button. There is also a treatment where I do the burning with the intention of the herb burning down to the level of the

I have been informed that Tibetan Medicine is not recognized, nor licensed in the USA. Its treatments are considered alternative and are *not a replacement for traditional qualified licensed medical care or care of a licensed psychologist*. I agree that the practitioner of Tibetan Medicine, though recognized in other countries as a doctor is NOT recognized as such in the USA and *therefore cannot legally diagnose, prevent, prescribe, treat or cure any diseases*.

I hereby take full responsibility for my choices of the following with an ✓ indicating my treatment choice:

A) **Warming Metza** _____

B) **Full-Burn Metza** _____

With my Tibetan medicine practitioner, _____ having fully read the above statements and been given information of any lasting effects of a full burn to the skin, my responsibility for the care of the wound, and possible scarring. I have had full opportunity to ask any questions in this process and have had them answered to my satisfaction prior to the Metza therapy.

Signed _____ Date _____

Parent / guardian — if under 18 yrs of age:

Parent / guardian : Print Name _____

Parent / guardian : Sign _____ Date _____

Witnessed by _____ Date _____