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Dr.: _____

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Contact No.: 0755-4941494

Anti-Piles Complete Resolution Patient Registration Form

Date: - --/-- /20—

Treatment ID no.(According to Consent Form No)_____

Patient's Name (First, Mid. Last): _____

Patient's Phone Number: _____ Alternate Phone Number (cell or office): _____

E-Mail Address: _____

Address: _____ Landmark. # _____

City: _____ State: _____ Pin Code: _____

Date of Birth: _____ Age: _____ Sex: M/ F : _____

Marital Status: Married Single Divorced Widowed

Patient's Profession: _____ Employment Status: Full time Part time Unemployed
 Retired Student Other: _____

Any Relative Contact: _____ Relationship to Patient: _____

Address: _____ Phone number: _____

Patient's Medical Information

Please list any **MEDICATIONS** you are currently taking...

S.No	Medication	Dosage	Route	Frequency
01				
02				
03				
04				
05				

Signature of Applicant/ Patient

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HEALTH HISTORY

- Patient's surely declared that they are not suffering from sugar/ diabetes.
- If patient has suffered by any other disease kindly describe on below table.

S.No	Name Of Disease	Suffering Duration	Current Treatment Type
01			
02			

GENERAL INSTRUCTIONS

1. That, the Treatment shall be carried out in two phases within 15 days namely; Anti-Piles Complete Resolution A and Anti-Piles Complete Resolution B.
2. That, in no case the patient shall take the treatment of Anti- Piles Complete Resolution by himself. The treatment shall be given by concerned qualified doctor and nursing staff.
3. That, external examination of the affected area shall be carried out before starting the treatment of the patient.
4. That, it is necessary that the medicine of Anti-Piles Complete Resolution-A and Anti- piles complete resolution-B should be applied continuously on the hemorrhoids.
5. That, doctors shall not be liable; if any problem is caused to the patient by his own negligence.
6. That, the treatment is only for the hemorrhoids which are visible by naked eyes.
7. That, in normal cases the time taken by the hemorrhoids to fall off of the root is 15 days but more time can be required in certain circumstances which depend upon patient's body tendency and atmospheric effect.
8. That, the doctors and the company shall not be liable if any problems are caused to the patient due to his/her taking any other external treatment.
9. That, since this treatment is done without undergoing any surgery therefore, there is no need of any operation to be performed.
10. That, after hemorrhoids fall off the root, the time taken to heal the wounds depends on the immune system of the patient, weather condition, care taken by patient and treatment taken by him.

Signature of Applicant/ Patient

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11. That, no general or local anesthesia shall be given to the patient while he is under the treatment.

RISKS AND COMMON COMPLICATION

1. That, the Anti- piles complete resolution –A treatment completely eradicates the piles and during such procedure it is natural to experience some pain. Therefore, it will be expected from the patient and their relative to maintain patience.
2. That, during the treatment of the hemorrhoids, the patient may temporarily feel tingling effect, numbness, and dehydration.
3. That, in course of treatment, the patient may experience symptoms of fever and vomit. For this, medications can be provided by the consulting doctor.
4. That. If any patient feels itching in hemorrhoid/piles during treatment, then the Doctor can prescribe Avil-50 mg or any other anti-allergy medication as per his observation.

MANDATORY ADVISES

1. That, during the course of treatment, it will be mandatory for the patient to adhere to the directions given by doctor.
2. That, the first medicine of Anti-piles complete resolution-A treatment contains toxic substances; therefore it is advisable to keep it out of reach of children.
3. That, the patient will be on complete bed-rest for a period of one week. (expects for washroom and having meals)
4. That, it is advised to the patient to take rest at some cold place in his/her home.
5. That, during the treatment by Anti-piles complete resolution-B, the patient shall spend most of his time by sitting only.
6. That, during the treatment of Anti-Piles Complete resolution, the patient will not take any medicine for healing purpose till the haemorrhoids fall off the root.
7. That, it is important for the patient to be in positive state of mind. Pessimist thinking has an adverse negative effect on the body.

MONEY BACK GUARANTEE TERMS

1. That, the Anti- Piles Complete Resolution treatment is based on money back guarantee.

2. The Money back guarantee is for the treatment of hemorrhoids which are visible with naked eyes on the surface on anal.
3. That, the money back policy is only applicable to the hemorrhoids of whose treatment is done.
4. That, the money back guarantee is for the external hemorrhoids only and if any internal hemorrhoids come out after the treatment then the money back guarantee shall not be applicable.
5. That, if due to any negligence on the part of the patient, the piles Hemorrhoids does not fall off the root then the money shall not be returned unless once again the whole procedure/ treatment is redone under doctor's supervision . Again, if no favorable results obtained then the money shall be returned to the patient.
6. That, if the patient abandons the treatment in between then, the clause of money back will not be valid and considerable.
7. That , the treatment is only for Piles and if in future the patient develops Fissures or Fistula then the organization shall not be liable or answerable.
8. That, Money back claim will not be valid if the patient, during the course of treatment by the medicine, has chosen to go for some other alternative treatment of any field of medical sciences.
9. That, if the patient undertake any other treatment after the completing Anti Piles Complete Resolution, then the money back guarantee policy shall stand null and void.
10. That, if any patient misuses the money back guarantee policy, then appropriate action shall be taken against him/her according the procedure established by law.

PAYMENT TERMS

1. That, it is mandatory for the patient to deposit the 50% amount before starting the treatment and remaining 50% amount before the starting of 2nd phase of treatment.
2. That, the payment received is only for the removal of hemorrhoids by **Anti-Piles Complete Resolution**. The medicine for the healing of the wound has to be taken by the patient on his / her own expense.

3. That, the medicine for healing of wound shall be prescribed by the treating doctor. Also, there shall be extra charge of 200/- per visit if any patient wants home visit of doctors or nursing staff. This amount may vary according to the distance of the place of visit:

CONSENT

1. That, I have received the instruction booklet.
2. That, I have been completely explained about the treatment by the doctors in the language understandable by me.
3. That, I am voluntarily taking this treatment and liability of any apparent or non-apparent repercussion shall be completely on me.
4. That, the give my unconditional consent to the following treatment of piles.

That, I have read all the terms and conditions and give my complete consent for the treatment.

Subject to Jurisdiction in Bhopal Only.

Dated :

Patients Signature

For Office Work

Name of Attendant Treatment Charge: - _____ Date: - __/__/____

Deposited Amount: - _____ Patient ID.:- _____

Designation Remaining Amount: - _____

Signature of Attendant

Signature of Applicant/ Patient

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