International Integrated Holistic Cure Centre (IIHCC)

No 95, 8th Cross, 20th Main, G Block, Sahakar Nagar, Bangalore 560 092

FTR Therapy - Preliminary Registration Form

IIHCC Ref	WS			Patient ID			App. Ref	

A. Patient Details

1	Name		5a	Address	
2a	Date Of Birth				
2b	Time Of Birth				
2c	Place Of Birth		5b	City	
3a	Phone LL		5c	State	
3b	Mobile 1		5d	Pin Code	
3c	Mobile 2		6	Referred by	
4	E mail ID		7	Qualification / Profession	

Please don't leave any column blank. See "Registration Instructions" to complete the form& for attachments

B. Details of Ailments (latest First)

(Use Reverse Side / Separate sheet if required)

No	Disease Name	Since Date

No	Medicines Taken	Dosage

For IIHCC use only

Prescription

Please Affix Photo here

C. Patient Declaration

1. I hereby voluntarily consent to be treated by FTR (Finger Tip Revolution) and/or equivalent Herbal medicines derived by FTR method and prepared Homoeopathically suggested by IIHCC Medical Consultant.

2. I understand that FTR is to be done by myself with my own finger tips as advised by IIHCC Medical Consultant, in an attempt to improve the body function and/or relieve pain.

3. I acknowledge that no side effects would be possible, as it involves my own finger tips and/or the equivalent Homoeo medium potency (3X to 12X) medicines.

4. I accept the fact that no guarantee is made concerning the use of FTR and/or equivalent suggested medicines.

5. I understand that I may stop treatment at any time.

6. I acknowledge the fact that IIHCC Medical Consultant does not profess to be western-trained medical doctor and does not advice on the use of medically prescribed pharmaceuticals or medical treatment, nor does the IIHCC Medical Consultant give any substances by injection.

7. The clinical data gathered in practice, without names, may be used for statistical research and teaching purposes.

8. I have been asked not to discontinue my present medication.

Important Note

It is a Pre-requisite for undergoing "FTR Process" that the Beneficiary should visit the Ashram atleast for 5 sittings and follow advice regularly and give feedback for monitoring the progress.

I am aware of the above.

All above data are given at my free will and I approached the ashram on my own for my ailment.

Sign here →

Name:

Date: