



660 Village Trace Marietta, GA 30067  
(470) 308-7073

#### PROSPECTIVE PATIENT RELEASE CONTRACT:

I acknowledge that it is requisite I read and adhere to the stipulations set forth herein.

I acknowledge any appointment with Dr. James Cullison is strictly regarded as a medical consultation. I acknowledge that Dr. James Cullison is not meant to supplant my personal care physician(s). If I am a female patient that receives hormones, I agree to continue my usual visits and treatment with my personal gynecologist(s) and/or personal care physician(s).

I acknowledge that there is no guarantee in terms of the expected outcomes of any health problems, goals, and/or medical ailments, nor shall I cohere recommended protocols with guaranteed results for any health problems, goals, and/or medical ailments.

I agree that I am responsible for paying Mojo Vitality for my consultation in full, whether all at once or in to-be-determined installments, regardless of the outcomes of any recommended protocols and/or treatment.

I acknowledge that Dr. James Cullison's consultations are individually tailored and that my honest answers, personal effort, and undivided attention is needed to maximize our time together. With this agreement comes the understanding that I am always encouraged to ask for clarification if I need it, in terms of but not limited to, my diagnosis, my treatment, and Dr. James Cullison's medical opinions.

I acknowledge that certain treatments require a minimum of 2 follow-up consultation(s) per year, with the date of my initial consultation, being considered my commencement and/or renewal mark of annual care. These follow-up consultations will include lab workup if necessary and/or requested. More follow-ups may be required depending on types of treatments.

I acknowledge that Mojo Vitality is not an emergency practice. Therefore, Mojo Vitality does not maintain, and will never be expected to invoke, hospital staff privileges. I acknowledge that Mojo Vitality nor Dr. James Cullison will not be available for any emergency visits or treatments. For emergencies, I am expected to call 9-1-1.

I acknowledge that Mojo Vitality and/or Dr. James Cullison will order unique medications that are manufactured by a specific compounding pharmacy. I recognize that this unique medication is pursuant to a unique composition formulated by Mojo Vitality for use in their private practice. I acknowledge that I am not required to take these unique pharmaceuticals, nor am I required to follow Mojo Vitality's specific procedures; I do so of my own accord.

I have read the above information regarding Mojo Vitality and I agree to accept this information as a material condition of being treated by Dr. James Cullison for my health problems, goals, and/or medical ailments. I am aware that it is always encouraged to ask Dr. James Cullison if I have specific questions that need clarification, as reciprocity is the key to maximizing consultations.

**Please click NEXT to go to the next form. You will sign at the end, after the last form.**