



Rebecca Wimberly is nationally certified as a Frequency Specific Micro-current (FSM) therapist. She is independently contracted with SRM / Brian Burzynski, LLC of Waco and Kerrville, Texas, and is a certified assistant for SRM[®] (Synergy Release Method[®]) offices through the PMA (Pastoral Medical Association).

FSM with SRM[®] are non-invasive alternative rehabilitative, performance enhancing and preventative methods with the objective to help a client's body heal itself. We do not claim to be or use other therapies. Our methods are not intended to diagnose or guaranteed to treat or cure any disease or physical condition, neither does SRM[®] and FSM take the place of one's medical doctor or chiropractor. We are not covered by insurance policies or worker's compensation. We work through a service for pay contract with clients, who are mostly referred through other clients, sports agents, coaches, dentists, lawyers, and medical doctors. We charge by the hour and the rate varies by appointment type.

Clients desiring FSM must be already established clients of an SRM[®] practitioner prior to FSM services with Rebecca, or clients may initially be seen by them together. This helps to ensure that as much muscular and skeletal balance as possible has been achieved so that any lingering issues may become clearer, which helps ensure that you receive the maximum benefits from each micro-current session.

After FSM it is common that clients report a series of some soreness, sleepiness, headaches, drainage, an increase in elimination/bowl movements, increased blood flow and/or nerve function to different areas of the body, and other "unwinding" symptoms for up to 3 weeks or more. Our recommendations are to hydrate well (2 quarts of water in the 2 hours following treatment is recommended) and continue the instructed stretches for the next 21 days. Some clients may require or request additional appointments. We encourage our clients to contact the office in regards to any discomforting side effects or concerns at any time after treatment.

By signing I acknowledge that I have read, understand, and give permission and consent to receive these services.

Print Name (Add Parent/Guardian Name if client under 18 yrs old)

Street Address	City, State	Zip
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Phone Number	Email Address
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Signature (Add Parent/Guardian Signature if client under 18 yrs old)	Date
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