

Natural Health Center

421 W. Main Street, Woodville, Ohio 43469 PHONE (419) 849-2414

PERMISSION & AUTHORIZATION FORM REGARDING THE USE OF NUTRITION & BODY RESPONSE TESTING

PLEASE READ BEFORE SIGNING:

I specifically authorize the natural health practitioners at the Natural Health Center to perform a Nutrition Response & Body Restoration health analysis and to develop a natural, complementary health improvement program which may include dietary guidelines, nutritional supplements, etc. in order to assist in improving my health, and not for the treatment, or "cure" of any disease.

I understand that Natural Body Restoration is a safe, non-invasive, natural method of analyzing the body's physical and nutritional needs, and that deficiencies or imbalance in these areas could cause or contribute to various health problems.

I understand that NBR is not a method for "diagnosing" or "treating" of any disease including conditions of cancer, AIDS, Infections, or other medical conditions, and that these are not being tested for or treated.

No promise or guarantee has been made regarding the results of Nutrition Response, Body Restoration or any natural health, nutritional or dietary programs recommended, but rather I understand that Natural Body Response Testing is a means by which the body's natural reflexes can be used as an aid to determining possible nutritional imbalances, so that safe natural programs can be developed for the purpose of bringing about a more optimum state of health.

I have read and understand the foregoing.

This permission form applies to subsequent visits and consultation, and gives permission to contact and/or provide progress reports to my Medical Doctor.

Date: _____

Print Name: _____

Address: _____

City _____ State _____ Zip _____

Phone: (____) _____ - _____

Signed: _____

(If minor, signature of parent or guardian required)

Witness: _____