



Statement of Understanding and Consent

1. I voluntarily request that the Nutrition and Health Center provide recommendations for food and diet, herbs, and various nutritional and preventive health support services on or after the date of this agreement.
2. I understand that any suggested nutritional program and dietary information is not intended as primary therapy for any disease and is not for the diagnosis, cure, or treatment of any disease. I understand that I will be given a schedule of nutrients and foods designed to supply good nutrition for supporting the physiological and biochemical processes of the human body.
3. I have been given an opportunity to ask questions and the suggested program has been fully explained to me. Any supplements purchased and used are a result of my personal choice. I understand that there is no guarantee of any results.
4. I further understand that the Nutrition and Health Center is not a medical facility nor do they diagnose or treat any disease.
5. I understand that the Nutrition and Health Center does not recommend that I discontinue any medications. As the nutritional deficiencies are addressed, less medication may be needed, but that must be determined by my physician.
6. I understand that payment in full is required when services are rendered. Cash, checks and credit cards (except American Express) are accepted.
7. I understand that if I do not give at least 24 hour advanced notice to cancel or reschedule my appointment or do not show up for my appointment, my card will be charged \$60.

Date

Signature