

Permission & Authorization Form
Regarding the use of Nutrition Response Testing

Please Read Before Signing:

I specified authorize the natural health practitioners at AK Chiropractic to perform a Nutrition Response Testing health analysis and to develop a natural, complementary health improvement program for me which may include dietary guidelines, nutritional supplements, etc. in order to assist me in improving my health, and not for the treatment, or "cure" of any disease.

I understand that Nutrition Response Testing 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 programs.

I understand that Nutrition Response Testing 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 Testing or any natural health, nutritional or dietary programs recommended, but rather I understand that Nutrition 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.

CANCELATION POLICY:

Cancellations must be made during clinic office hours at least 24 hours prior to the appointment. Cancellations for Monday need to be received by Friday, 2pm. Patients canceling the same day of treatment or missing their appointment will be charged according to the time booked. A fifteen minute appointment will have a charge of \$45. A cancellation fee of \$90 will also apply to new patients for a missed first visit.

I have read and understand the foregoing.

This permission form applies to subsequent visits and consultation.

Date: _____ Date of Birth: _____

Print name: _____

Address: _____

City _____ State: _____ ZIP: _____

Phone: (_____) _____

Signed: _____

(If minor, signature of parent or guardian required) Witness: _____