



GETTING TO KNOW YOU... Before your Zyto Balance/Elite scan!

Welcome...please fill out this form to the best of your ability. If you get stuck, don't worry...we will review this form together. We will utilize this information in your consultation. Relax...you are in the right place.

Name: _____	Today's Date: _____
Address: _____ _____	Birthdate: _____
Phone: _____	Email: _____
Occupation: _____	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
How did you find us? _____	

INFORMED CONSENT

We apologize in advance for the legal jargon which follows. We live in a crazy time, where the pressure of government, economic, and legal agencies weigh heavily on those working to provide quality, natural healthcare. Please read the informed consent below and sign to acknowledge your understanding. If you have any questions, please feel free to ask!

I acknowledge that Dr. Lisa Carr (BCND) and anyone acting on behalf of Essential Wellness Advantage, LLC, are not medical doctors. I understand that Lisa Carr and anyone acting on behalf of Essential Wellness Advantage, LLC, may provide nutritional suggestion and other health-related information, based on their knowledge, experiences, and understanding, to help me attain my personal best health. All recommendations are designed to help me keep and enjoy my best state of health through personalized recommendations in lifestyle, exercise, health habits, and nutritional habits. I understand that Dr. Lisa Carr (BCND) and anyone acting on behalf of Essential Wellness Advantage, LLC, do NOT ever attempt to diagnose, treat, cure, or claim to cure cancer, sickness, or any other disease.

I have read this informed consent, and I understand it. I am not a minor. (If scanning for someone under the age of 18, please give parental signature below.) Additionally, I am here on this day and any subsequent visit, solely on my own behalf and not as an agent for any federal, state, or local agencies on a mission of entrapment or investigation, and I also certify that I am signing my own true given, legal name and not an alias or false name.

Signature

Date

Witness

Date

Essential Wellness Advantage
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