



DR LORI PUSKAR

NATURAL MEDICINE SPECIALIST

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ONLINE TERMS AGREEMENT

For Purchasing Supplements On the Internet

I request that I be allowed to participate in Dr. Lori Puskar's Online "Online Nutrition Patient Program", a program which allows me to purchase supplements on the internet.

I authorize Dr. Lori Puskar to supply general nutrition not related to nor for the handling of any symptoms, conditions, diagnosis, and/or to treat or cure any illness or disease. This includes but is not limited to conditions of cancer, AIDS, Infections, or any/all other medical conditions.

I understand that no, guarantee or health improvement will be made regarding any recommendation or statement from any article, employee, or educational material from Dr. Lori Puskar. I will not hold, Lori Puskar, DC, her LLC, or any of its direct or indirect; associates, affiliates, representatives and/or vendors, liable for any situation regarding my body or health, and any purchase from Dr. Lori Puskar.

I understand that my information will be kept secure in keeping with Dr. Lori Puskar's PRIVACY POLICY & HIPPA STATEMENT.

I also agree to Dr. Puskar's full disclaimer at <https://drloripuskar.com/disclaimer-privacy-terms-1>

I have read and understand the foregoing and agree that by filling out and electronically signing the form below, this gives my consent and applies to all previous paragraphs and any/all future transactions with Dr. Lori Puskar of any kind.

I understand upon submission of this form that I will receive a username and password which is to be used for my supplement purchase sonly and will not share this information with anyone.

Name:

Street Address:

City, State, Zip:

Email:

Mobile Phone:

Signature:

Date: