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

PLEASE READ BEFORE SIGNING:

____I SPECIFICALLY AUTHORIZE MY PRACTITIONER AT NATURAL ORIGINS TO PERFORM A NUTRITION RESPONSE TESTING HEALTH ANALYSIS AND TO DEVELOP A NATURAL COMPLEMENTARY PROGRAM FOR ME WHICH MAY INCLUDE DIETARY GUIDELINES, NUTRITIONAL SUPPLEMENTS, ETC. IN ORDER TO ASSIST ME IN IMPROVING MY HEALTH, AND NOT FOR 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 IMBALANCES IN THESE AREAS COULD CAUSE OR CONTRIBUTE TO VARIOUS HEALTH PROBLEMS.

____I UNDERSTAND THAT NUTRITION RESPONSE TESTING IS NOT A METHOD FOR DIAGNOSING OR TREATING OF ANY DISEASE, INCLUDING CONDITIONS OF CANCER, 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 MEAN BY WHICH THE BODY'S NATURAL ORGAN RESPONSES CAN BE USED AS AN AID TO DETERMINE 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 UNDERSTOOD THE FOREGOING.

THIS PERMISSION FORM APPLIES TO SUBSEQUENT VISITS AND CONSULTATIONS.

DATE _____

PRINT NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE (_____) _____ - _____

SIGNATURE: _____

WITNESS: _____