



DISCLAIMER

Please print name _____

Please take a moment and carefully read the following information and sign where indicated

I understand that I am here to learn about natural health and better lifestyle practices and that I will be offered information about food supplements and herbs as a guide to general health.

I understand that I should continue to see any medical doctors I am currently under the care of, and that any prescription medication should not be altered without first consulting the Doctor who recommended it.

I fully understand that those who counsel me are not medical doctors, medical practitioners, or licensed dietitians; but who are Board Certified Naturopathic Doctors, Master Herbalist and BC. Trichologist. I am not here for medical diagnostic purposes or treatment procedures.

Information about traditional uses of supplementation that may create a healthy balance in the body may be discussed. This is not intended to be interpreted as a substitute for a licensed physician's treatment.

Nothing said, done, typed, printed or reproduced by us is intended to diagnose, prescribe, treat or take the place of a licensed physician.

I understand the intent is to provide educational information for the purpose of assisting you with the lifestyle changes and decisions necessary to regain and maintain an environment needed to produce a healthy body.

I am not on this visit or any subsequent visit acting as an agent for the federal, state, county, local law enforcement agencies or news media on a mission of entrapment or investigation.

Signature: _____ Date: _____