

MainStreet Veterinarians of Stone Mountain

PERMISSION & AUTHORIZATION FORM REGARDING THE USE OF NUTRITION RESPONSE TESTING

PLEASE READ BEFORE SIGNING:

I specifically authorize Dr. Cameron L. Moorehead at MainStreet Veterinarians of Stone Mountain to perform a Nutrition Response Testing health analysis and to develop a natural, complementary health improvement program **for me** which may include dietary guidelines, nutrition supplements, etc. in order to assist me in improving **my health, and not for treatment or "cure" of any disease.**

I understand that **Nutritional 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 problems.

I understand that Nutritional 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 Nutritional 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.

I have read and understand the foregoing.

This permission form applies to subsequent visits and consultations,

Date: _____

Print Name: _____

Address: _____

City: _____

Phone: (____) _____ - _____

Signed: _____

Witness: _____