

Center for Nutrition and Wellness

1543 Layfield Road

Pennsburg, PA 18073

Phone (215) 679-WELL

Authorization and Permission Form

Nutritional Response Testing (N.R.T.)

Body Composition Analysis

I authorize the Practitioner at the Center for Nutrition and Wellness to perform a Health Analysis, Nutritional Response Testing (N.R.T.) and / or Body Composition Analysis testing on me for the purpose of developing a program designed to improve my health. I understand that this nutritional and lifestyle modification program is not for treatment or "cure" of any specific disease or condition with which I have been previously diagnosed.

I understand that N.R.T. is a safe and noninvasive method of analyzing the nutritional and physical needs of the body. Deficiencies or toxicities in these areas may cause or contribute to various health problems. I understand that N.R.T. and all other analytical testing are not a method for diagnosis or treatment of any specific diseases, disease states, or other medical conditions and that these conditions are not being tested for or treated.

The results of N.R.T. and all other analytical procedures or any natural health, nutritional or dietary programs recommended are not guaranteed and no promises have been made regarding their outcomes. I understand that N.R.T. and all other analytical procedures and tests are means by which the body's natural energy can be used as an aid to determine possible nutritional imbalances in order to determine if safe, natural nutrition and life style based programs can be recommended for the purpose of bringing about a more optimal state of health and wellness.

I have READ and Understand the foregoing and this permission form also applies to subsequent visits and consultations.

Date _____

Name _____

Address _____

City _____

Phone _____

Signed _____

Witness _____