

Your Company Name Here

NOTICE OF UNDERSTANDING AND AGREEMENT

I, the undersigned, hereby attest to the following:

I am here (on this and on any subsequent visit to _____ office) solely on my own behalf, and not as an agent for any federal, state or local agency on a mission of entrapment or investigation.

I fully understand that _____ is a Holistic Practitioner, not a medical doctor. I am not consulting him for medical, diagnostic, or treatment procedures.

I understand that the services performed by _____ are at all times to help me gain a better knowledge of my health (specifically) and health processes (generally) toward increased self-care and improved daily living.

I understand that as a (_____) recommends, discusses, and/or sells foods, nutrition supplements (vitamins and minerals; etc.), herbs and other nutrients for special dietary use as they pertain to the whole body concept of health, and not in the context of any specific disease, ailment or condition.

I understand that appointments here do not involve the diagnosing, prognostication, treating or prescribing of remedies for the treatment of disease, nor is this office involved in any act which constitutes the practice of medicine in California, for which a medical license is required.

Signed: _____ Date: _____

Print Name: _____

Address: _____

Home Phone: _____ Work Phone : _____

Referred by: _____

To process your personal and/or business checks, or to facilitate shipment of products, please complete the following:

California Driver License # _____

Credit Card (Visa, Mastercard) Name on the card: _____

Card Number: _____ Expiration Date: _____