Lotus Acupuncture
And Holistic Health Clinic

Jayne Dabu, M.S.A.O.M., L.Ac., Dipl.Ac.
3145 Virginia Beach Boulevard, Suite 210
Virginia Beach, Virginia 23452
ph: 757.431.0053 /email: info@lahhc.com

# PERMISSION & AUTHORIZATION FORM REGARDING THE USE OF NUTRITION RESPONSE TESTING™ ™

PLEASE READ BEFORE SIGNING:

I specifically authorize Lotus Acupuncture & Holistic Health Clinic to use Nutrition Response Testing™ ™ health analysis and to develop a natural, complementary health improvement program for me, which may include dietary guidelines, nutritional supplements, acupuncture and Chinese herbal therapy in order to assist me in improving my health, and not for the treatment, or "cure" of any disease. I also understand that Acupuncture and Chinese herbal therapy work hand in hand with NRT and unless unspecified, will be use concurrently in my plan of care.

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 imbalance 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, 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 this testing or any natural health, nutritional or dietary programs recommended, but rather I understand that it 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 understand that I am to adhere to the program guidelines. These guidelines have been fully laid out before me and discussed in detail. If I do not fully comply, I understand that this will greatly impact my results and success.

I have read and understand the foregoing.

This permission form applies to subsequent visits and consultations.

**Patient Name (print)**

**Patient Signature**

**Date Signed**

**Are you Pregnant?**

Jayne F. Dabu L.Ac.

**Name of Licensed Acupuncturist**

To be completed by patient representative , if patient is minor or legally or physically incapacitated

Patient Name_____

Patient's Representative_____

Relationship or Authority of Patient_____

Witness_____