Permission and Authorization Form for Nutrition Response Testing (NRT)

Please read and ask any questions you have before signing.

I specifically authorize Dr. Kelly A. Gallagher ***at Advanced Chiropractic & Wellness Center*** to perform a ***Nutrition Response Testing (NRT)*** health analysis and to develop a natural, complementary health improvement program for me. This program may include dietary guidelines, nutritional supplements, etc. in order to assist me in improving my health, and not for the treatment or cure of any disease.

I understand that ***NRT*** is a safe, non-invasive, natural method of analyzing the body's physical and nutritional needs. I further understand that nutritional deficiencies or imbalances could cause or contribute to various health problems.

I understand that ***NRT*** is not a method for diagnosing or treating 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 ***NRT*** or any natural health, nutritional or dietary programs recommended. Rather, I understand that ***NRT*** is a means by which the body's natural reflexes can be used as an aid to determining possible nutritional imbalances so that a safe, natural program 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 _____ State _____ Zip _____

Phone: (_____) _____ - _____

Signed: _____

(If minor, signature of parent or guardian required)

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