

New Life Chiropractic Center

Vanessa K. Shields, D.C., B.C.A.O.

139 Weston Road

Weston, FL 33326

Phone (954) 389-8297

Fax (954) 389-8298

1-866-71-ATLAS

AUTHORIZATION AND PERMISSION FORM REGARDING THE USE OF MERIDIAN RESPONSE TECHNIQUE (MRT)

I authorize Dr. Shields at New Life Chiropractic Center to perform a Biofeedback analysis on me for the purpose of developing a program designed to improve my health and **not** for treatment or “cure” of any specific disease.

I understand that Biofeedback Testing is a safe and noninvasive method of analyzing the nutritional and physical needs of the body. Areas of increased stress may cause or contribute to various health problems.

Biofeedback Testing is not intended to replace standard medical diagnostic procedures. Additionally, it is acknowledged that the testing procedures in and of themselves are not a method for diagnosis or treatment of any disease or medical conditions and that these are not being tested for or treated. Any suggested nutritional and/or dietary advice is not intended as primary treatment for any disease.

The results of Biofeedback or any natural health, nutritional or dietary programs recommended are not guaranteed and no promises have been made regarding them. I understand that Biofeedback Testing is a means by which the body’s natural energy can be used as an aid to determine possible nutritional imbalances so that safe, natural programs can be recommended for the purpose of bringing about a more optimal state of health.

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

Date _____

Print
Name _____

Address _____

City _____

Phone (____) _____

Signed _____

(Signature of parent or guardian for a minor child)

Witness _____