

---

## CONSENT FOR NUTRITION RESPONSE TESTING

PLEASE READ BEFORE SIGNING:

I specifically authorize Dr. Andrijana J. Pitruzzello, DC, ACN to perform health analyses via Nutrition Response Testing, and to develop a natural, complementary health improvement program for me which 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 Nutrition Response Testing is a safe, non-invasive, natural method of analyzing the body’s physical and nutritional needs, and the deficiencies or imbalances 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” any disease, including conditions of cancer, AIDS, infections, or other medical condition, and that these are not being tested for or treated.

No promise or guarantee has been made regarding the results of Nutrition Response Testing or any natural health, nutritional or dietary programs recommended, but rather I understand that Nutrition Response Testing is a means by which the body’s natural reflexes can be used as an aid to determine possible nutritional imbalance, so that safe, natural programs can be developed for the purpose of bringing about an optimal state of health.

I have read, or have had read to me, the above consent. I have also had an opportunity to ask questions about its content, and by signing below, I agree to the above-named procedures. I intend this consent to cover the entire course of treatment for my present condition and for any future condition(s) for which I seek treatment.

---

Patient Name (Printed)

---

Patient or Parent/Guardian/Representative Signature

---

Date