

BioCytonics

Congratulations On Deciding To Improve Your Health

Please Read And Sign

I understand that the Microscopic Observation of live blood (Vital Hematology) will provide me with a graphic illustration of my blood cell physiology. I understand that this is not a diagnostic test nor is any medical diagnostic information to be derived or implied by this observation. I understand that my lifestyle, eating habits, nutritional balance and mental state may affect what I see and, therefore, I may get varying results if I repeat the tests over various periods of time.

I authorize the microscopist to use a lancet to obtain a drop of blood for the purpose of observation using OSHA approved guidelines. I agree to hold harmless the microscopist who performs this demonstration. I hereby grant the microscopist permission to include the results of this demonstration in any statistical or research study. I understand that any recommended nutrition is not intended as primary therapy for any disease or symptom, but rather is an added schedule of nutrients provided solely to upgrade the quality of foods delivered through dietary recommendations.

By my signature below, I agree to the above terms:

Signature

Date

Please Print Full Name

Birth Date