

**Permission and Authorization Form
Regarding the Use of
Contact Reflex Analysis and Meridian Response Technique**

Please Read Before Signing:

I authorized the CRA/MRT Practitioner at A Lebro Center for Well Being to perform a CRA/MRT health analysis and to develop a program for me designed to improve my health and NOT for treatment or "cure" of any disease.

I understand that CRA/MRT are safe, noninvasive ways of analyzing the body's physical and nutritional needs. Imbalances or deficiencies in these areas could cause or contribute to various health problems.

I understand that CRA/MRT are not methods for "diagnosing" or "treating" any disease including 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 CRA/MRT testing or any natural health, nutritional or dietary programs recommended. I understand that CRA/MRT testings are 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 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/child, signature of parent or guardian)

Witness _____