

BACK TO BASICS CONSENT FORM

125 W. LAKE STREET ♦ SOUTH LYON, MI 48178 ♦ 248-921-0586

Name: _____

Address: _____

City: _____ Zip: _____

Phone: _____

E-Mail Address: _____

Date of Birth: _____

Referred By: _____

I authorize Juli Johnson and/or her employees to perform a Zyto Biocommunication Assessment test on me for the purpose of showing me how the analysis works and to develop a program designed to improve my health and function. I understand this test is not for treatment or "cure" of any specific disease.

I understand that a Zyto Biocommunication Assessment test is a safe and non-invasive way of analyzing the nutritional and physical needs of my body. I understand that a Zyto Biocommunication Assessment is not a method for diagnosis or treatment of any disease or medical condition. If a medical condition is suspected, I understand it is my responsibility to consult my physician.

Signature: _____

Date: _____