

Fuller Options' Policies

I, \_\_\_\_\_, hereby acknowledge and declare that:  
Print Name

- I. To be a client of Fuller Options' I must be willing to do what is necessary for my health within reasonable limits. I understand that if I am not willing to work on my health/diet/lifestyle then this type of program may not be for me.
- II. I understand that it is expected of me to keep my scheduled appointment to ensure maximum progress in my case.
- III. ***CANCELATION POLICY:*** I am aware that if I do not give at least one business day advanced notice of my cancelation or need to reschedule that it will result in an office visit fee. If you have chosen to prepay, we will take one visit from your plan.
- IV. I understand that if I am more than 15 minutes late I will have to either reschedule or wait until the next slot is available.
- V. I will buy my supplements from Fuller Options. I will NOT get them off of the internet. (The supplements we use here are meant to come from practitioners. The companies have rules in place that keep you from ordering them off of places like Amazon. If you do find them on Amazon, they are often reproductions or out of date. THIS CAN BE DANGEROUS!).
- VI. I understand that muscle response testing is energetic testing that may support a higher dose of nutritional supplementation than manufacturer recommendations. I understand that I can adhere to product label recommendations at my discretion.
- VII. In addition, I confirm that I have received, read and understood the above policies.

Print Client Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Client Signature: \_\_\_\_\_  
Email: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
ST/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
*(If minor, signature of parent or guardian required)*  
**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_