

## Request for Services

Please sign to indicate your understanding of the nature of the services offered.

I, \_\_\_\_\_ (print your name or your child's name) have requested Sheila Dobson, NC to assist me toward better health and *development* by conducting a hair mineral analysis test. I have asked her to provide me specific guidance regarding diet, lifestyle, nutritional supplements and other approaches to help improve my well-being and balance body chemistry.

I understand that Sheila's qualifications are completion of a training program in Nutritional Balancing Science provided by Westbrook University in West Virginia. I am aware that she has been a practitioner of Nutritional Balancing/Development as developed by Dr. Larry Wilson since 2011.

I understand that the hair mineral analysis test is a screening test and is not used for diagnostic purposes. I recognize that its analysis and the recommendations provided to me are *in no way intended as diagnosis, treatment, prescription or cure for any disease or condition, mental or physical or otherwise.*

I acknowledge that *Nutritional Balancing/Development is not a replacement for medical care or other forms of health care that may be needed.*

Signed \_\_\_\_\_ Date \_\_\_\_\_