



CLIENT REQUEST AND AUTHORIZATION

I, the undersigned, request that Dr. Chad Oler perform testing that may include BCA, BIA, live blood analysis screening and/or other testing and provide me recommendations to improve my health. I understand that Dr. Oler has the degree of Doctor of Naturopathy (N.D.) from the University of Natural Medicine in Santa Fe, NM, composed of 274 credit hours (4110 actual hours) which exceeds the 4100 hours established for standardized Naturopathy, and that the University of Natural Medicine has received full licensure from the New Mexico Commission on Higher Education as a private postsecondary institution of higher learning. I understand that any recommended therapy or analysis from Dr. Oler or any persons acting on behalf of the Natural Path Center, LLC is not intended as a diagnosis, prescription, or treatment for any disease, physical or mental. It is also not intended as a substitute for regular medical care.

ARTICLE IX, U.S. CONSTITUTION

“The enumeration in the Constitution, of certain rights, shall not be construed to deny or disparage others retained by the People.”

Under the Ninth Amendment to the Constitution of the United States of America, I retain the right to freedom of choice in health. This includes the right to choose my diet, and to obtain, purchase and use any therapy, regimen, modality, remedy or product recommended by the therapist, doctor or any practitioner of my choice.

The enumeration in this declaration of these rights shall not be construed to deny or disparage other rights retained by me, or my right to amend this declaration at any time.

CONSTRUCTIVE NOTICE

Notice is hereby given to any person who receives a copy of this Declaration and who, acting under the color of law, intentionally interferes with the free exercise of the rights retained by me under the Ninth Amendment, as enumerated in this declaration, that they may be in violation of my civil and constitutional rights, Title 42, U.S.C. 1983 et seq. and Title 18, Section 241.

Printed Name: _____

Date: _____ Signed _____

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