



Ron Schaefer
Certified Holistic Iridologist
EyesByRon.com

Please print document, fill it out, and
email back to: Eyesbyron@gmail.com

Notice of Understanding and Agreement

Notice of Understanding and Agreement Requires Signature

I, the undersigned, hereby attest to the following:

I am here (on this and on any subsequent visit to Ron Schaefer) solely on my own behalf, and not as an agent for any federal, state or local agency on a mission of entrapment or investigation.

I fully understand that Ron Schaefer is a Holistic Practitioner, not a medical doctor. I am not consulting him for medical, diagnostic, or treatment procedures.

I understand that services performed by Ron Schaefer are at all times to help me gain a better knowledge of my health (specifically) and health processes (generally) toward increased self-care and improved daily living.

I understand that as a Holistic Iridologist recommends, discusses, and/or sells foods, nutrition supplements (vitamins and minerals, etc.), herbs and any other nutrients for special dietary use as they pertain to the whole body concept of health, and not in the context of any specific disease, ailment or condition.

I understand that appointments here do not involve diagnosing, prognostication, treating or prescribing of remedies for the treatment of disease, nor is this office involved in any act which constitutes the practice of medicine in Texas, for which a medical license is required.

Print Name:

Address:

City, State, Zip:

Phone:

Additional Phone:

Email*:

Signature:

Date:
