

**MICHAEL BIAMONTE, CCN**  
**CLINICAL NUTRITIONIST**

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**CONSENT FORM FOR NUTRITIONAL PROGRAM**

It is understood by the undersigned:

1. We do not diagnose. Nothing we do or imply should be construed as such. We attempt to ascertain factors about your nutritional health.
2. We make no attempts to cure any "condition." We make no claims or imply any claims that suggestions are given to cure any condition. We do not claim that any nutritional supplements such as vitamins, minerals, herbs or proteins will cure any condition, nor that its purpose is to cure any condition. Neither Michael Biamonte CCN nor his staff intends to practice medicine in any way.
3. We do not prescribe, nor do we treat disease. We do not attempt to interfere with medical advice in any way. We cannot advise you on your medication given to you by your M.D. or any other doctor. Please always ask your M.D. for advice on your medication.
4. Michael Biamonte is not a medical doctor, nor does he portray himself as such. Michael Biamonte does not treat or care for medical emergencies. I understand that if I am in great pain or discomfort, I should seek MEDICAL TREATMENT.
5. Certain persons considered experts may disagree with our conclusions concerning your nutritional health and the approach to rectify it, but our recommendations are deemed, nevertheless, to be of current nutritional interest and based on reliable, sound authority from respected researches in holistic nutrition.
6. I am here, on this and any subsequent visit, solely on my own behalf and not as an agent for federal, state or local agencies on a mission of entrapment or investigation.

SIGNATURE: \_\_\_\_\_ PRINT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DATE: \_\_\_\_\_

WITNESS: \_\_\_\_\_ DATE: \_\_\_\_\_