



**Disclosure:** I understand that Anthony Ortiz RPH, CCN is recommending the above supplementation and nutritional program based upon his understanding and experience as a Nutritional Consultant. I also understand that this program is not intended as medical advice and does not replace the need for medical treatment and/or advice from my physician. I have been advised to consult with my physician prior to starting the above supplementation and nutritional program.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_