

Medical Waiver and Release of Liability

Anderson Family Chiropractic, P.C. is not responsible for negligent use, or health related circumstances regarding the use of our homeopathic Weight-Wise™ supplement. It is your responsibility to check with your personal physician, primary care facilitator, or MD regarding the personal use of homeopathic supplements. We, at Anderson Family Chiropractic, P.C. advise you to check with your personal physician before starting this or any weight reduction program. Anderson Family Chiropractic, P.C. cannot be held responsible for lack of education regarding the use of homeopathic supplements. We encourage you to research the use of this homeopathic hormone and its possible affects on your individual health. If you have any concerns regarding the use of homeopathic supplements, we encourage that you seek the advice of your primary care physician. This product is not intended to diagnose, cure, treat or prevent any disease.

Anderson Family Chiropractic, P.C. recommends following our protocol as described only after you seek the advice of your primary care physician regarding the diet portion our protocol. Only you and your doctor are familiar with your personal health and any physical issues that may arise as a result of following a reduced calorie protocol. Anderson Family Chiropractic, P.C. cannot be held responsible for any health related problems that arise by following this protocol. We recommend that you research any health concerns that may or may not arise during this program and you are advised to address these concerns with your doctor.

By initialing, you agree to not hold Anderson Family Chiropractic, P.C. responsible for any health related issues as a result of taking Weight-Wise™. _____ Date: ____/____/____.

Initial

Order will not ship without this section filled in!

HCG Weight-Wise™ Product Order Form

Name: _____

Shipping address:

City: _____ **St** _____

Zip: _____

Phone: (_____) _____

Email: _____

Payment Method: Visa MC **Card Number:** _____

Exp Date: ____/____ **3 digit security code:** _____ **Name on card:** _____

House/POBox #:: _____ **Zip:** _____ **Signature:** _____

Order will not be shipped without the above Liability initialed and dated.

Product order:

1 bottle = 13.3 days	\$45.00
2 bottles	\$90.00
3 bottles	\$135.00
S/H:	Up to \$12.00
Applicable Sales Tax 7.55%	

HCG Qty: ____

*Orders will be shipped :
within 1 business day of receipt of order.*

- 1) *Email order form to:*
HCG.answers@gmail.com **or**
- 2) *Print form and fax to:*
(970) 225-0020 **or**
- 3) *Send Check or Money Order to:*
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Fort Collins, CO 80528