

American Nutritional Medical Association, Inc.

The Nutritional Medical Doctor is not an allopathic Doctor (MD)

1. I fully understand that the attending doctor is not an allopathic doctor and that he/she does not pretend to be one but is a nutritional medical doctor.
2. I fully understand the difference between the practice of allopathic medicine and nutritional medicine.
3. I fully understand that the services provided by the attending doctor are not allopathic but are nutritional and therapeutical in nature.
4. I fully understand that the attending doctor performs his services within the parameters of a natural health care and medical system.
5. I fully understand that the attending doctor does not offer allopathic drugs, surgery, or chemical stimulants unless duly licensed by the government.
6. I have solicited the attending doctor's services in good faith, exercising my free will, and following the dictates of my own conscience which allow me to select what I understand is most beneficial to my health.
7. I have decided to seek the attending doctor's services for nutritional medical assistance.
8. I do not have any interest at this moment or receiving any examination, diagnosis, prescription, treatment, or surgery as practiced by an allopathic doctor (M.D.) or any other Licensed medical practitioner.
9. If I desire any services not provided by the attending doctor, which is my prerogative, I fully understand that I should seek them elsewhere.
10. I presently seek counsel, advice, opinions, and points of view and/or programs within the scope of the attending doctor's practice.
11. I fully understand that the services provided by the attending doctor are not generally accepted and/or recommended by allopathic doctors (M.D) or other conventional health professionals.
12. I fully understand that any decision to discontinue or modify any conventional medical treatment is solely my decision and should only be under my allopathic doctor's (M.D.) instructions and supervision.
13. If I am accompanied by a minor or incompetent, I give full faith that I am legally capable and authorized as a father, mother, tutor, or representative to authorize and allow the minor or incompetent to receive the services of the doctor (N.M.D.)
14. I give full faith that I have read and understood this document entirely and that I have received a verbal explanation of the same from the attending doctor and that he has satisfactorily answered all my questions and doubts.
15. I am willing and prepared to declare and repeat under oath all the above statements at the attending doctor's request.

Patient

Signature: _____

Name: _____

Date: _____

Address: _____

Telephone: _____

Date of Birth: _____

Attending Doctor:

Signature *Dr. Ede Koenig, D.Sc., N.M.D.* _____

Name: **Dr. Ede Koenig** _____

Date: _____

Professional Title: **Nutritional Medical Doctor** _____

Witness: _____

Title: _____

Minor/incompetent:

If the above is a minor or incompetent, the guardian, parent, or representative must sign this section.

Signature: _____ Age: _____

Name: _____ Telephone: _____

Witness: _____

Signature of attending doctor Title: _____

Signature of attending doctor

Customer Request and Authorization Form

I request from Dr. Ede Koenig any one or more of the following information on health products nutritional consulting, evaluation, recommendation, assessments, tests, regimen(s) or modality(s) as regards to health-related services which are more particularly described as follows. Nutritional Counseling including Bio-Nutritional test, Personal Counseling, Lectures, instructions and hands-on experience in all the natural sciences but not limited to food preparation, instruction on herbs and their uses, Innerbath Hydrotherapy and Iris Analysis. I request these health-related services as a right to Freedom of Choice in Medicine and Health Care, retained by me under the Ninth Amendment to the U.S. Constitution.

Notice and Declaration of 9th Amendment rights

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.

I the undersigned, hereby Declare the following natural and God-given rights, as retained by the people, under the 9th Amendment to the Constitution of the United States of America as follows:

1.1 I retain the right to seek nutritional advice, counsel, information, recommendations, assessments, evaluations, test(s) regimen(s) or modalities from the nutritionist(s) or doctor of my choice for any health reason or purpose.

2.1 I retain the right to select or reject any individual(s) as my personal nutritionist(s) whether that individual be a Naturpoath, Nutripath, Iriclologist, Colon Therapist, Priest, Pastor, Preacher, Indian Medicine Man, Relative, Friend, Medical doctor, Herbalist, Chiropractor, Health Food Store Clerk, Druggist, Nurse, Sales person of health products, Dietitians or anyone from the general citizenry who has, or has not, any known formal training or claimed knowledge, education, insights, or qualifications. to be my nutritionist. I also retain the right to use the services of nutritionists, doctors, health care practitioners and dietitians who are not licensed by the State.

I retain the right to **Freedom of Choice in Medicine and Health Care in its most liberal construction, including the right to choose my own diet, obtain, purchase and use any treatment, therapy, regimen modality, drug, food, medicine or health product of any health condition I have or may have as evaluated by myself, the doctor, nutritionist or therapist 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 persons who receive a copy of this Declaration and who, acting under color of any law, intentionally interfere with the free exercise of the rights retained by me under the 9th Amendment to the U.S. Constitution as enumerated in this document, that they may be in violation of Title 42, U.S.C. 1983 et. seq. and Title 18, Section 241.

In signing this declaration, I acknowledge receiving a copy of it for my records along with a copy of the "Health Care Provider's Notice and Declaration."

Date: _____ Signed: _____
Print Name _____
Address: _____
