

Health Care Consent Form

I understand that the NJ Nutrition Center, LLC /Alexander J. Rinehart, MS, DC, CCN supports general wellness, and is not my primary health care provider, nor does he diagnose or treat disease. I will take responsibility for routine examinations that should be performed periodically such as complete physical exams, pap smears, breast examinations, mammograms, rectal examinations, prostate examination, or any other routine preventative medical examinations. I will see that these tests are done in a timely manner from my personal primary care physician.

SIGNATURE: _____

WITNESS: _____

DATE: _____

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