

Application and Authorization
for
Health Consultation Service

Name _____ Date _____

Address _____

City _____ State _____ Zip Code _____

Phone: _____ E-mail _____ Occupation _____ Age: _____

How did you learn about this program? _____

Best time to Contact: _____

Getting Started

Download the Health Questionnaire ([here](#)) and fill it out as best as you can. Unless you have the necessary method to check the pH of the urine and the saliva, skip that section or you may buy pH paper at your local health food store. The pH would be helpful if available, but not required.

What we need from you:

1. Health Questionnaire filled out.
2. Consultation Application, completed
3. Service Fee

What you receive from us:

1. Call you for some clarification
2. Send the program to you
3. Consultation: we call and explain the program

Follow-up:

- On the 14th day, then 21st day later, then 21 days later, from the beginning of the program.

Timing:

- Once we receive your information, you will receive your program within 7 to 10 business days.

Method of Payment:

- Check one. Checks _____ Credit Cards _____ Paypal _____

This service is for educational purposes only. It is not intended for treatment, cure, diagnosis, or as prescription for any disease. For any of the above intent, you should contact your Medical Doctor. The education that you receive will enable you to make better choices in areas of nutrition and other lifestyles factors. Claim this promise for healing: Exodus 15:26.

Signed _____ Date _____

Mail Check or Money Order Payable to: C.H.E.M. P.O Box 853, Camden, Tennessee 38320