

Medicap Pharmacy Health and Wellness

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Closed Sunday
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AUTHORIZATION AND PERMISSION FORM **REGARDING THE USE OF** **MERIDIAN STRESS ASSESSMENT SYSTEM** **(MSAS)**

I authorize the practitioner at Medicap Pharmacy to perform a Meridian Stress Assessment System test on me for the purpose of developing a program designed to improve my health and **not** for the treatment or “**cure**” of any specific disease. The practitioner at Medicap Pharmacy does not diagnose or treat disease or other medical conditions. I understand that I may be given recommendations for nutritional and lifestyle support.

I understand that MSAS is a safe and noninvasive method of analyzing the nutritional and physical needs of the body. I understand that deficiencies in these areas may cause or contribute to various health problems. I understand that MSAS is not a method for diagnosis or treatment of any disease or other medical conditions, and that these are not being tested for or treated.

The results of MSAS testing or any natural health, nutritional or dietary programs recommended are not guaranteed and no promises have been made regarding them. I understand that MSAS is a means by which use the body’s natural energy to determine possible nutritional imbalances so that safe, natural programs can be recommended for the purpose of bringing about a more optimal state of health.

I have **READ and UNDERSTAND** the foregoing and this permission form also applies to subsequent visits and consultations.

Date: _____

Print
Name: _____

Signed: _____
(signature of parent or guardian for a minor child under 18 years of age)