

Preparing for Your Appointment

Dear Patient:

Welcome!

We look forward to helping you with our specialized, therapeutic lifestyle program called FirstLine Therapy (FLT). It is very different from today's common medical approach. The FLT program works to more clearly identify and overcome the cause of ill health, and then improve total body function naturally by nourishing, balancing and revitalizing the whole individual. It is powerful, effective, and rewards you with improved health and function that is long lasting!

Get Maximum Benefit From Your Appointment

Our consultation time with you is important! We analyze your personal and family health history, appropriate test results, current lifestyle and state of health, and clarify your health goals. We then guide you through a comprehensive, highly personalized, step-by-step program to achieve those goals. You can **get maximum benefit from the time reserved for your consultation by being prepared!**

How To Prepare

1. Please fill out any requested paperwork before coming to our office, or arrive 15 minutes early and fill it out here.
2. Prepare for your Bioimpedance Analysis (BIA Test) by adhering to the following guidelines:
 - a. Do not eat for 4 hours prior to testing.
 - b. Do not exercise for 12 hours prior to testing.
 - c. Do not consume alcohol for 24 hours prior to testing.
 - d. Drink your usual amount of water the night before and the day of your appointment. You will be asked to empty your bladder just before the test.
 - e. Do not drink caffeine the day of your test.
 - f. Insure access to your right foot with removable footwear (no pantyhose).
3. Please value the time reserved for you by being punctual so as to benefit fully from your consultation.

IMPORTANT: There is a \$100 NO SHOW fee if cancellation is not made at least 24 hours prior to your appointment. Due to the popularity of the FirstLine Therapy program all appointment times are often filled several weeks in advance with no openings for those desiring earlier appointments. Cancellation made at least 24 hours in advance allows us to accommodate others. We thank you in advance for your cooperation.

Appointment Reminder

Your appointment is scheduled for:

Date _____, ____/____/____ Time _____ AM / PM

Patient Signature _____ Date _____

Thank You! We look forward to helping you successfully achieve your personal health goals!