



PERSONAL USE EXEMPTION FORM

NAME	DATE
ADDRESS	BIRTHDATE
CITY, STATE, ZIP	TEL
Email Address:	

To Whom It May Concern:

I have learned about Enercel® homeopathics without any solicitation from you. You have informed me that no claim is made that they will ameliorate or cure any particular disease or condition.

I am presently suffering from _____, which my doctor has told me is compromising my health and/or is threatening my life.

I would like to purchase a supply of Enercel® **for my personal use only**, and I will not resell it.

I understand the importance of keeping a comprehensive database. Therefore, I will provide medical records, copies of blood-work or other data supporting the diagnosis, if requested. I promise that I will forward copies of medical reports of my condition, as they become available in the future.

I consent to your entering my medical data into your database for statistical and research purposes, as long as my name and address are kept confidential.

Very truly yours,

Signature

The listed physician who will monitor my health is:

Name of Physician		Telephone:
Street address of Physician		Fax:
City, State & Zip		Email:

(Revised 06/05)