



PROFILE UPDATE AND ACKNOWLEDGEMENT OF PROPER USE

It is necessary to update our records to ensure uninterrupted use of your BioMeridian, Nano, and BioScan products. This will allow us to continue uninterrupted use of your device.

Please respond by completing this form and acknowledge your understanding of proper use of your device per FDA compliance.

Practitioner Name:

Office/Practice Name:

Office/Practice Location:

Contact:

Telephone: Office: Cell Phone:

Email:

Website:

Fax:

ACKNOWLEDGEMENT OF PERMISSABLE USES AND COMPANY POLICY

DISCLAIMER: I understand the device being used is FDA cleared for Galvanic Skin Response Testing and not intended to directly treat or cure any specific condition, symptom, or illness. I understand this clinic does not address cases of patient suffering with anaphylactic allergic reactions, as well as those with a cardiac pacemaker or defibrillator, diagnosed active cases of cancer, and during pregnancy.

I ACKNOWLEDGE THE ABOVE PERMISSABLE USES AND POLICIES AND AGREE TO ABIDE WITH THEM

Practitioner Name:

Date:

Electronic Signature delivered and intended to serve as digital equivalent.