



INSTITUTE  
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PLEASE READ CAREFULLY BEFORE SIGNING

I hereby authorize Dmitriy Gushchin, N.D., M.S. the Holistic Health Practitioner and his representatives to act on my behalf concerning the Dietary Health Analysis Procedure for Energy Evaluation. I specifically authorize Dmitriy Gushchin to perform the Dietary Health Analysis Procedure for Energy Evaluation and to develop for me a Dietary Health Program. I hereby state that all information submitted for analysis and evaluation was submitted by me and is true to the best of my knowledge.

I recognize that the Dietary Health Analysis Procedure is an established method that is not yet approved by the medical profession, or by the Food And Drug Administration, although it has not been rejected.

I acknowledge that the Dietary Health Analysis Procedure, the Evaluation, and the Suggested Dietary Health Program are not for diagnosis, treatment, care, alleviation, mitigation, prevention, or care of any disease of any kind in any way. However, I reserve the right to use the knowledge I gain in the care of my own body in any legal manner I may choose, including the Suggested Dietary Health Program.

I hereby attest and affirm that I am here as a client/student, on this and any subsequent visit, solely on my own behalf and not as an agent for federal, state or local agencies on a mission of entrapment or any investigative purposes.

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

\_\_\_\_\_  
Signature