

*****Important*****

Please Read This Page Carefully

In order for you to get better as fast as possible, we need the help of ALL persons significantly involved in taking care of your condition.

We require that all persons directly involved with your care (parents, spouse, significant others, etc.) view Dr. Naylor’s video and website, and then sign this affidavit. This form must be returned with your health forms before the doctor can examine you.

AFFIDAVIT

I (each), the undersigned individual certify that:

- I understand that Dr. Naylor’s methods of diagnosis and treatments are unique.
- I understand that Dr. Naylor does not accept every person into his treatment program.
- I understand that my spouse or significant other must attend the consult and case review with me.
- I understand that I must send in any records regarding my symptoms taken with previous physicians before Dr. Naylor can help to make any recommendation. These must be in Dr. Naylor’s hands at least 48 hours prior to my first consultation.

Print Name

Signature

Print Name

Signature

Print Name

Signature

Thank you for taking the time to make sure you get the best results in the fastest time. If you have any questions, please call us at 336-229-4226.

***Return this paper with your Case History forms.**