



I n v e s t i n y o u r h e a l t h

Health Transformations

706 W 15th Street • Covington, LA 70433 • 985.892.1110

Diana Davis, MEd, LDN, RN

Functional Medicine Nutrition Practitioner

Nutritionist • Health Advocate • Educator

Policy for Service

- Yes, I have mailed a \$75.00 check payable to HT, inc. to establish services
- Yes, I authorize HT, inc. to bill my credit card \$ 75.00 (fill out below)
- sorry site under construction..not availbile: Yes, I have gone to www.healthtransformations.com and billed \$75 to my credit card for the deposit or package indicated.

CREDIT CARD INFORMAITON

Visa Master Card Discover

Card

Exp.

Number: _____

Date: _____

Your Signature: _____

I, _____ (please print your name) understand that once I set an appointment with Diana Davis, M.Ed., LDN, RD, Licensed Nutritionist, Registered Dietitian, I am fiscally responsible for that appointment time. If I need to cancel my appointment, I must contact her by phone (985) 892.1110 within 24 hours of my scheduled appointment time. If I do not provide 24 hours notice, HT, Inc. will charge me a \$75.00 cancellation fee.

Signature of client

Date

Thank you and I remain

Sincerely,

Diana Davis, M.Ed., LDN, RD

"I guarantee to practice Integrative and Functional Nutrition Medicine within the expert standards per ADA's, IFM's, and DIFM professional code of conduct".