

**Health Transformations®**  
**632 SW 6<sup>th</sup> Street**  
**Redmond, Oregon 97756**

**Policy for Service**

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Yes, I have enclosed a \$50.00 check to establish services with Diana Davis, M.Ed., LDN, RD

Yes, I authorize Health Transformations to bill my credit card \$ 50.00

*or*

Yes, I have enclosed a \$\_\_\_\_\_ check for the office package with Diana Davis, M.Ed., LDN, RD

Yes, I would like the following package \$\_\_\_\_\_ to be billed to my credit card for the package indicated.

Visa       Master Card

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Your Signature: \_\_\_\_\_

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I, \_\_\_\_\_ (please print your name) understand that once I set an appointment with Diana Davis, M.Ed., LDN, RD, Licensed Nutritionist, Registered Dietitian, at Health Transformation, I am fiscally responsible for that appointment time. If I need to cancel my appointment, I must contact her by phone (504) 835-8285 within 24 hours of my scheduled appointment time. If I do not provide 24 hours notice, Health Transformations will charge me a \$50.00 cancellation fee and my deposit will be utilized for the missed appointment. *(Please do not send me an email of you need to cancel your appointment).*

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Signature of client

Date

Thank you and I will contact immediately to set up an appointment.

Sincerely,

Diana Davis, M.Ed., LDN, RD

I guarantee to practice nutrition and dietetics with the highest professional standards per ADA's professional code of conduct. I will honor my client's choice to terminate services and will either apply the client's deposit of \$50.00 to his or her last appointment or refund the total amount within one week of client's notice. If I fail to do so, our client can contact the Commission on Dietetics and Registration, the credentialing agency for the American Dietetic Association at 1-800-877-1600 extension 5500 and have the attending registered dietitian's license revoked.

*Diana Davis, M.Ed., LDN, RD*

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