



14431 Ventura Blvd. #322 , Sherman Oaks, CA 91423
Phone: (800)-711-JUDY (310) 475-0249 FAX (310) 475-5249

DOCTOR APPROVAL FORM

I _____ M.D. have read the ingredients listed in the
MetaSystem circled the box below and approve the use of the **MetaSystem** for my patient
_____, who is under my care.

Doctor's Address

Phone

Fax:

Email

Doctor's Signature

Date _____

Please Print Name

Please fax or mail this form to the number / address listed below

JSI / METASYSTEM
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Sherman Oaks, CA 91423

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