ORDER FORM

Testing is now available through our Mail Order System.

Simply send us a small clump of your hair: enough to cover this shaded area

You Receive

- 16 page report which includes: Test Results, Full instructions and general information for your 6 month programme.
- Bio-Compatibility testing for 600+ local foods and household products.
- Follow up care by Phone consultations

Test Today and start getting well

Hair sample must be placed in a plastic bag or Glad Wrap

Please complete the following

LIST YOUR SYMPTOMS

	[] Acne / Rosacea [] ADD/HDBehavioural [] Arthritis [] Asthma [] Bad Breath [] Bloating [] Constipation	[] Earacl	ive / Nausea ne s Mucous fections e	[] [] []	Gout Headach Hives Irritable Muscle A Persistan PMS	Bowel	Pains	[] [] [] []	Reflu Restl Sinus	les/Itchy Skin IX less Legs s/Hay fever D Disorders	
	OTHER:								• • • • • • • • • • • • • • • • • • • •		
Da	te of Birth/	/	•••••		Sex:	M	[]		F	[]	
Name:											
Address:								•••••			
Email:	Email:										
Cash, money order, credit card or cheque is acceptable											
Mastercard [] Visacard []											
Card Number _ _ _ _ _ _ _ _											
Name on card: Signature:											
Baby I	Tick Tests to be done ard list [600+ items] \$273.00 ist [660+ Items] \$286.00 Food List \$323.00	ַ [] (Amour	nt Po	ayable	\$		•••••	00		
	you wish to receive our e-n			-	-	f aunal	[] 04				
How did you hear about us Newsletter [] Web Site [] Referral [] Other:											

Send To: Linda Lowen

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