

INSTRUCTIONS: Complete all five parts on both sides of this form. **NEW ACCOUNTS** -- Fill in Health Care Practitioner's name, phone number, and address in Part 1. An account number will be assigned with submission of your first test. **ESTABLISHED ACCOUNTS** -- Fill in account number (shown on last report) and Health Care Practitioner's name, then skip to Part 2. **ALL ACCOUNTS** -- Be sure to indicate which profile is desired in Part 3, and which quantity of supplements you want in Part 4. Check all of the applicable symptoms in Part 5 on the reverse side and sign and date the order.

PART 1. Health Care Practitioner Information

PRACTITIONER'S ACCOUNT NO. 89002		PHONE NUMBER: ()	EXT.
PRACTITIONER'S NAME LIA DE LANCEY			DEGREE
STREET OR MAILING ADDRESS			
CITY	STATE	ZIP CODE	
PRACTITIONER'S E-MAIL ADDRESS info@motherofthewoods.com			

PART 2. Patient Information

PATIENT'S NAME:

LAST NAME	FIRST NAME	INTL.
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PATIENT DATA:

AGE: HEIGHT: FT. IN. WEIGHT: LBS. SEX: MALE FEMALE

OCCUPATION: PREGNANT?: YES NO

COLOR OF HAIR: BLACK BROWN BLOND RED GREY TYPE OF SPECIMEN: (Do Not Mix) HEAD PUBIC OTHER

PART 3. Tissue Mineral Analysis Order

- PROFILE 1.** LABORATORY MINERAL TEST ONLY.
- ~~PROFILE 2.~~ INITIAL LAB TEST AND INTERPRETATION. Entire Tissue Mineral Assay Test with charts and a thorough descriptive interpretation that lists trends, explains the results, and gives vitamin and mineral supplement recommendations.
- ~~PROFILE 3.~~ LABTEST AND SUPPLEMENT RECOMMENDATION ONLY.
- ~~PROFILE 4.~~ PROGRESS TEST AND COMPARISON ANALYSIS. Complete retesting of mineral levels with explanations of the results and suggested modifications to the supplement program as indicated by significant changes since previous test. PREVIOUS LAB TEST NO.
- PROFILE 5.** PERSONAL DIET PLAN. (Addition to Profiles 2, 3, or 4).

PART 4. Vitamin and Mineral Food Supplements Order

- ~~30 DAY SUPPLY~~
- ~~60 DAY SUPPLY~~
- ~~90 DAY SUPPLY~~
- Do not send supplements

FOR LAB USE ONLY -- DO NOT WRITE HERE EMAIL ONLY
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IMPORTANT: Be sure to complete and sign reverse side.