

PART 1. Health Care Practitioner Information

PRACTITIONER'S ACCOUNT NO. 89409		PHONE NUMBER: (+49) 15225374286	EXT.
PRACTITIONER'S NAME Development Institute LLC			DEGREE
STREET OR MAILING ADDRESS 1209 Mountain Road PI NE,			
CITY Albuquerque	STATE NE	ZIP CODE 87110	
PRACTITIONER'S E-MAIL ADDRESS support@haarmineralanalyse.org			

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: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
OCCUPATION:			PREGNANT? <input type="checkbox"/> YES <input type="checkbox"/> 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
