

BIO-COMPATIBILITY HAIR TEST ORDER FORM

Please post order form and hair sample to:

Evoke Naturopathy
46 Glen Ross Chase
JANE BROOK WA 6056

E: evokenaturopathy@bigpond.com

T: 0403 867 444

Hair sample

Please provide a hair sample big enough to cover the shaded area:



Place hair sample in Glad Wrap or zip lock bag

PERSONAL DETAILS (as required on your report)

Name: _____ Date of Birth: / /

Parent name (if child): _____

Address: _____

Suburb: _____ State: _____ Postcode: _____

Phone: _____ Email: _____

TEST REQUIRED (select one)

<input type="checkbox"/> Standard 500+ items (\$287)	<input type="checkbox"/> Animal test (\$187)
<input type="checkbox"/> Baby list incl. 500+ items (\$300)	<input type="checkbox"/> Re-testing (\$190)
<input type="checkbox"/> Indian list (\$150)	<input type="checkbox"/> Optional []Coles, []Woolworths or []Aldi list (\$30 each) may only be ordered with 500+ standard list

SELECT YOUR CURRENT SYMPTOMS

<input type="checkbox"/> acne / rosacea	<input type="checkbox"/> diarrhoea	<input type="checkbox"/> gout	<input type="checkbox"/> psoriasis
<input type="checkbox"/> ADD/HD--behavioural	<input type="checkbox"/> digestive / nausea	<input type="checkbox"/> headache	<input type="checkbox"/> rashes/itchy skin
<input type="checkbox"/> arthritis	<input type="checkbox"/> earache	<input type="checkbox"/> hives	<input type="checkbox"/> reflux
<input type="checkbox"/> asthma	<input type="checkbox"/> excess mucous	<input type="checkbox"/> irritable bowel	<input type="checkbox"/> restless legs
<input type="checkbox"/> bad breath	<input type="checkbox"/> eye infections	<input type="checkbox"/> migraine /headache	<input type="checkbox"/> sinus/hayfever
<input type="checkbox"/> bloating	<input type="checkbox"/> fatigue	<input type="checkbox"/> muscle ache & pains	<input type="checkbox"/> sleep disorders
<input type="checkbox"/> constipation	<input type="checkbox"/> flatulence	<input type="checkbox"/> PMS	<input type="checkbox"/> thrush

PAYMENT DETAILS

Your payment covers the Bio-Compatibility Hair Test, wellness report and program implementation and a 15 minute phone consult to discuss your results once received.

Card Number: _____ Type: MasterCard Visa

Expiry date: ____ / ____ CVV: _____ Signature: _____

Alternatively, please deposit payment into the following account:

Acc Name: Evoke Naturopathy Acc No: 1205247 BSB No: 306-041

Thank you for completing this form. Upon receipt of your hair sample and payment, your hair analysis will be processed and your report emailed to you from Evoke Naturopathy within 3 weeks.