PRINT AND SEND BACK THIS PAGE TOGETHER WITH YOUR HAIR SAMPLE

BIO-COMPATIBILITY HAIR ANALYSIS ORDER FORM

Please complete the form below, collect hair sample and mail it to:

Joanna Sochan Naturimedica PO Box 3287 **BONNELLS BAY NSW 2264 AUSTRALIA**

E: joanna@naturimedica.com T: +61 412 130 401

Hair sample

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



Place hair sample in Glad Wrap or plastic bag

PERSONAL DETAILS (as required on your report)						
Name:				Date of Birth: /	/	
Parent	s name if child:					
Addre	ss:					
				Postcode/Zip:		
Counti	ry:			_		
Phone:		Email:				
TEST REQUIRED (select one)						
	Baby test 500+ items baby list (A\$295)			Animal test (A\$187)		
	Standard 500+ items (A\$287)			Re-testing (A\$190)		
		SELECT YOU	R CL	IRRENT SYMPTOMS		
[]	Acne / rosacea ADD/ADHD Arthritis Asthma Bad breath Bloating Constipation	[] Diarrhoea [] Digestive [] Ear infection [] Excess muco [] Eye infectio [] Fatigue [] Flatulence	ous ns	[] Gout [] Migraines/headache [] Hives [] Irritable bowel [] Muscle ache & pains [] PMS [] Psoriasis	[] F [] Si [] S	tashes itchy skin deflux destless legs nus/hay fever deep disorders Thrush Veight control
Otnei	ſ					
PAYMENT DETAILS						
Your payment covers the Compatibility Hair Test and a 6-month Wellness Program (16 pages all up) with recommendations developed by the Testing Facility. Click on the link below to complete this order by selecting						

your test and pay online here: http://naturimedica.com/shop/