## Form for Mailed-In Hair Samples

Client's Full Name:			Date:	
Phone:	Email:			
Age: Height:	Weight:	Hair Color:	Sex: M F	
	<u>Select</u>	<u>t One:</u>		
Initial Hair Mineral Analysi	is Test: \$365. (For a child	l of someone already on t	the program, the fee is \$325	
<b>Repeat Hair Mineral Analy</b> program and purchase your pro through other suppliers.)				
□ For retests only: to get the	e Extra Lab-Generated Int	terpretive Report: Add \$3	32.	
	Payment Ir	nformation:		
If paying by check, make check information below, or if we al			-	
Card Number:		Amount A	uthorized: \$	
Card Zip Code:	Name on credit card	:		
Exp. Date: 3 o	r 4 Digit Code	Signature		
I		<b>XTANT!</b>		
Please check off th	us list before send	ling your hair san	<u>iple:</u>	
I submitted my Or	nline New Client or O	nline Retest Form.	0	
I read the instructi	ions on how to cut a	sample.		
I waited at least 4	hours after washing	my hair to cut the sa	mple.	
I cut my hair samp	ole from directly again	nst the scalp with <u>sci</u>	ssors only.	
I cut my sample w	vithin 48 hours of was	shing my hair.		
The sample is <b>no</b>	longer than this line	(shorter is better):	1 1/2	
		tablespoon with hair		
If I dyed, bleached		-	-	
	d or chemically-treate e special instructions	s about that and follow	wed them.	
All instru	e special instructions	•		

Feel free to call us if you need help at (818) 745-9558.