

SALIVA RETEST - Please use black ink.

Name _____ Date _____

Rate each item 0-10, with 0 being that you did not do the item at all and 10 to indicate that you did the item since your last test completely as recommended. If you do not have the equipment or product listed, please put N/A.

Supplements such as vitamins, minerals and amino acids _____

Herbal tinctures or extracts _____ Homeopathic drops _____

Activations _____ Rife frequencies _____

Harmonic Generator or Harmonic Quad _____

Foot bath _____ Foot detox pads _____

Average water intake per day _____

Did you have X-rays (even dental) or CAT/PET scans? _____

Other things that you did _____

What differences have you noticed? _____

What symptoms are you still experiencing? _____

What test would you like?

I would like a standard saliva test at \$125.00 _____

I would like a ZYTO LSA test plus muscle test at \$150.00 _____

I would like "electrical patterns" test of the most important items at \$75.00 _____

For two or three items such as mold toxins and Lyme disease the cost is \$20.00 _____

Signature _____ Phone _____

Fax _____ Email address _____

Please complete and attach a Metabolic Screening Questionnaire.