Living BY NATURE LLC

H.N.S Analysis

MUST HAVE AN APPOINTMENT SCHEDULED
PRIOR TO MAILING DNA SAMPLES

TO SCHEDULE THE APPOINTMENT
PLEASE CALL 816-655-2155

PATIENT INFORMATION

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: _____ EMAIL ADDRESS: _____

BIRTHDAY: _____ WEIGHT: _____ HEIGHT: _____ GENDER: M F

FEMALE PATIENTS: ARE YOU PREGNANT? YES NO ARE YOU BREASTFEEDING? YES NO

DIRECTIONS

1) PLACE TWO Q-TIPS SATURATED WITH FIRST MORNING SALIVA (BEFORE BRUSHING) IN A ZIPLOC BAG.
2) PLACE A FEW NAIL CLIPPINGS (FINGERS, TOES OR BOTH) IN A SEPARATE ZIPLOC BAG.
3) PLACE A TABLESPOON OF HAIR IN A SEPARATE ZIPLOC BAG.
4) PLEASE MAKE SURE YOU HAVE YOUR NAME ON EACH BAG.
5) PLACE ALL IN AN ENVELOPE ALONG WITH THIS FORM AND MAIL TO: LIVING BY NATURE 101 NE 62ND TER. GLADSTONE, MO. 64118

I**MPORTANT**- DO **NOT** MARK SIGNATURE REQUIRED. If I am not in the office to sign for it the carrier will not leave it and it will have to be resent.

MAJOR CONCERNS: _____

_____

PRESCRIPTION MEDICATIONS: _____

_____

SUPPLEMENTS CURRENTLY TAKING: (VITAMINS/HERBS)

_____

FAMILY HISTORY OF ILLNESS OR DISEASE: _____

HOW WOULD YOU LIKE THE RESULTS SENT TO YOU? PICK ONE: ◯ EMAIL ◯ HOME MAILING ADDRESS
◯ OTHER: _____

PAYMENT INFORMATION

COST OF TEST FOR NEW CLIENTS OR CLIENTS NOT SEEN IN THE LAST YEAR IS $125 FOR ADULTS,
$75 FOR CHILDREN/PETS UNDER THE AGE OF 16.
FOLLOW UP VISITS ARE $50 FOR ADULTS AND $35 FOR CHILDREN/PETS.

◯ CASH ◯ CHECK ◯ CREDIT

CARD NUMBER: _____ EXP DATE: _____ CVV: _____ TYPE: _____

PLEASE MAKE SURE TO READ THE DISCLAIMER, SIGN AND RETURN AS WELL.