

**PRINT AND SEND BACK THIS PAGE TOGETHER WITH YOUR HAIR SAMPLE**

## FOOD COMPATIBILITY 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](mailto: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 a plastic bag

### PERSONAL DETAILS (as required on your report)

Name: \_\_\_\_\_ Date of Birth:    /    /  
Parent's name if child: \_\_\_\_\_  
Address: \_\_\_\_\_  
Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode/Zip: \_\_\_\_\_  
Country: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### ANALYSIS REQUIRED (select one)

<input type="checkbox"/> Baby test 500+ items baby list (A\$295)	<input type="checkbox"/> Animal test (A\$190)
<input type="checkbox"/> Standard 500+ items (A\$295)	<input type="checkbox"/> Re-testing (A\$190)

### SELECT YOUR CURRENT SYMPTOMS

<input type="checkbox"/> Acne / rosacea	<input type="checkbox"/> Diarrhoea	<input type="checkbox"/> Gout	<input type="checkbox"/> Rashes itchy skin
<input type="checkbox"/> Behavioural	<input type="checkbox"/> Indigestion	<input type="checkbox"/> Migraines/headache	<input type="checkbox"/> Reflux
<input type="checkbox"/> Joint pain	<input type="checkbox"/> Ear infections	<input type="checkbox"/> Hives	<input type="checkbox"/> Restless legs
<input type="checkbox"/> Pain & inflammation	<input type="checkbox"/> Excess mucous	<input type="checkbox"/> Irritable bowel	<input type="checkbox"/> Sinus/hay fever
<input type="checkbox"/> Bad breath	<input type="checkbox"/> Eye infections	<input type="checkbox"/> Muscle ache & pains	<input type="checkbox"/> Sleep disorders
<input type="checkbox"/> Bloating	<input type="checkbox"/> Fatigue	<input type="checkbox"/> PMS	<input type="checkbox"/> Thrush
<input type="checkbox"/> Constipation	<input type="checkbox"/> Flatulence	<input type="checkbox"/> Psoriasis	<input type="checkbox"/> Weight control

Other \_\_\_\_\_

### PAYMENT DETAILS

Your payment covers the Food Compatibility Analysis and a 15-minute phone discussion to answer your questions. Click on the link below to complete this order and pay online here: <http://naturimedica.com/shop/>

**Upon receiving your hair sample I will forward it to the Testing Facility for analysis. You should receive an electronic version of the test report (via email from [joanna@naturimedica.com](mailto:joanna@naturimedica.com)) within 14 days.**