**Hair Analysis Test.**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Post Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Details of subject being tested.**

Name of subject being tested \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of birth (if known, otherwise approximate age) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender: Male/Female Please state if neutered \_\_\_\_\_\_\_\_\_\_\_\_

Each subjects test is £35 within the UK and £40 elsewhere.

If you would like a supplement to help the body with the test findings please add another £10 to your payment at the time of ordering because if ordered after you have received the test results the cost of the supplement will be £20 to send separately.

**Cheques** should be made payable to: MARVACH HOLISTIC REMEDIES

Or you can pay with **PAY PAL** by using the buy now logo on the supplements page on my website: [www.holisticremediesuk.co.uk](http://www.holisticremediesuk.co.uk/) **please advise under what name payment was made.**

Or by **Bank Transfer**: Lloyds Bank, Marvach Holistic Remedies: Sort Code 30-84-54,

A/C Number 37857468

Send completed forms to – **Mr Mark Pooley 107 Clarkson Road, Oulton Broad, Lowestoft, Suffolk, NR32 3NX.**

Any other information you think is relevant (use reverse of form if needed):