

Health Balances (A Private Membership Association)

10814 206th Street E., Graham WA 98338
Phone/Fax (206) 244-1383

SALIVA RETEST - Please use black ink.

Name _____ Date _____

We would like two saliva samples. Write your name, the date, and your phone number on the small manila envelopes. Remove your watch and make sure your cell phone is at least a few inches away from you. Make sure that you do not have black clothing covering your navel. (That irritates the nervous system.) Take off glasses that have a metal frame across the front. Take out the small white slip that is in each envelope, put it in your mouth, and saturate it (get it completely wet) with saliva. **Do not let the slip contact cosmetics such as lipstick.** Replace it in the envelope and allow it to dry. **DO NOT** seal the envelope.

If you do not have sample envelopes: Take a sheet of white copy or printer paper and draw **two circles** about 2 inches in diameter on the paper. Lick the areas inside the circles and get them wet with saliva. Allow them to dry. Write your name, phone number and date on the sheet.

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 recommendation or product listed, please put N/A.

Supplements such as vitamins and minerals and Cholestepure _____

Herbal tinctures or extracts _____ Homeopathic drops _____

Activations _____ Rife frequencies _____

Harmonic Generator _____

Foot bath _____ Foot detox pads _____

Average water intake per day _____ Avoiding gluten? _____

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

Other things that you did _____

*****Please see page 2 on the back*****

What differences have you noticed?_____

What symptoms are you still experiencing?_____

What test would you like?

I would like a standard saliva test from the lab at \$175.00_____

I would like a standard saliva test from the lab with extra items at \$200.00_____

I would like the Electrical Patterns Retest that we do here at \$125.00_____

I would like the Short Retest to check the supplement program and test up to 12 of the main items at \$50.00_____

Signature_____ Phone _____

Fax_____ Email address _____

Please complete and attach a Metabolic Screening Questionnaire.

NOTE: Please note that these are not medical or FDA approved tests. These tests detect electronic patterns only. They do not diagnose or treat any condition. Those who have conditions that normally require the services of a physician are urged to consult with one.

4/1/2017