

# Test Requisition

Client Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Sex: Male | Female

## STANDARD SCANS:

First Scan:	Second Scan:	Third Scan:
<input type="checkbox"/> Comprehensive Analysis	<input type="checkbox"/> General Support	<input type="checkbox"/> Informational Scan

## ADDITIONAL REQUESTED SCANS:

Anatomy Scans:	Specialty Scans & Protocols:
<input type="checkbox"/> Adrenal Scan	<input type="checkbox"/> Pituitary Scan
<input type="checkbox"/> Appendix Scan	<input type="checkbox"/> Prostate Scan
<input type="checkbox"/> Arteries & Veins	<input type="checkbox"/> Sinus Scan
<input type="checkbox"/> Brain Scan	<input type="checkbox"/> Skin Scan
<input type="checkbox"/> Breast Scan	<input type="checkbox"/> Spleen Scan
<input type="checkbox"/> Ear Scan	<input type="checkbox"/> Stomach Scan
<input type="checkbox"/> Eye Scan	<input type="checkbox"/> Thymus Scan
<input type="checkbox"/> Heart Scan	<input type="checkbox"/> Thyroid/Parathyroid Scan
<input type="checkbox"/> Hypothalamus Scan	<input type="checkbox"/> Acupuncture Scan
<input type="checkbox"/> Kidney/Bladder Scan	<input type="checkbox"/> Advanced Lyme Protocol
<input type="checkbox"/> Large/Small Intestine Scan	<input type="checkbox"/> Allergy-Sensitivity Profile
<input type="checkbox"/> Liver/Gallbladder Scan	<input type="checkbox"/> Auricular Scan
<input type="checkbox"/> Lung Scan	<input type="checkbox"/> CA Nosodes
<input type="checkbox"/> Ovary/Uterus Scan	<input type="checkbox"/> Emotional Detox Protocol
<input type="checkbox"/> Pancreas Scan	<input type="checkbox"/> Emotions Bach & NAET Scan
<input type="checkbox"/> Pineal Scan	<input type="checkbox"/> Environmental Sensitivity List
	<input type="checkbox"/> Food Sensitivity List
	<input type="checkbox"/> Healing the Gut Protocol
	<input type="checkbox"/> IV Therapy
	<input type="checkbox"/> Metabolic-Digestive Profile
	<input type="checkbox"/> Methylation Scan
	<input type="checkbox"/> Reflexology Scan
	<input type="checkbox"/> Sleep Disturbances
	<input type="checkbox"/> Weight Loss Scan

Requisition Practitioner

Date