

TRUE HEALTH Family Wellness Center

Dr. Todd Stone

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PRODUCT AND LAB ORDER FORM

Laboratory Examinations

- | | |
|---|--|
| <input type="checkbox"/> Blood and Urine Analysis (\$Call) | <input type="checkbox"/> ASI/Adrenal Stress Index (\$198) |
| <input type="checkbox"/> Digestive Function and Pathogen Analysis (\$495) | <input type="checkbox"/> Liver Detoxification Function (\$160) |
| <input type="checkbox"/> Cycling Female Hormones (\$395) | <input type="checkbox"/> Post Menopause Hormones (\$185) |
| <input type="checkbox"/> Brain Chemistry (\$Call) | <input type="checkbox"/> Hair Analysis (\$95) |
| <input type="checkbox"/> Toxic Element Clearance (\$105) | <input type="checkbox"/> Estrogen Metabolism (\$180) |
| <input type="checkbox"/> Cellular Energy Profile (\$165) | <input type="checkbox"/> Other _____ |

ORDERING INFORMATION (Please fill out and fax to **(828) 277-1414**)

Name: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip: _____

Ph: _____ EMAIL: _____ Fax: _____

Payment Method: Visa MC Check (We will send kit when check arrives)

Credit Card #: _____ - _____ - _____ - _____ Exp Date ____/____

Zip Code for Billing Address _____

WAIVER: I understand that the tests and reports are for informational purposes only, and not a substitute for a physical examination, medical diagnosis and care. I agree that Dr. Stone and True Health Family Wellness Center are not liable for diagnosis and treatment of any disease or condition I may have. I choose to accept the informational services as an adjunct to Medical/Chiropractic care.

Print Name _____ Signature _____ Date _____