

ORDER FORM

Barbara Bourke "Holistic Health Mackay"

For your allergy test simply send us a small clump of your hair (enough to cover the shade area)



Hair Sample must be placed in an envelope or plastic bag. If more than one hair sample is send with this form please put in separate envelopes with names on each

**Colours, perms or medications do not affect the testing
Please complete the following list of your Symptoms**

<input type="checkbox"/> Sinus/Hayfever	<input type="checkbox"/> Psoriasis	<input type="checkbox"/> Bloating
<input type="checkbox"/> Asthma	<input type="checkbox"/> Excess Mucus	<input type="checkbox"/> Flatulence
<input type="checkbox"/> PMS	<input type="checkbox"/> Thrush	<input type="checkbox"/> Hives
<input type="checkbox"/> Headaches	<input type="checkbox"/> Earache	<input type="checkbox"/> Irritable Bowel
<input type="checkbox"/> Acne	<input type="checkbox"/> Digestive	<input type="checkbox"/> Fatigue
<input type="checkbox"/> Rashes/Itchy Skin	<input type="checkbox"/> Constipation	<input type="checkbox"/> ADD/HD
<input type="checkbox"/> Arthritis	<input type="checkbox"/> diarrhoea	<input type="checkbox"/> Sleep Disorders
<input type="checkbox"/> Migraine	<input type="checkbox"/> Bad Breath	<input type="checkbox"/> Restless Legs

Other _____

Date of Birth...../...../..... Male Female

400 Item Test Baby Test

Please "X" for appropriate Allergy Test (s)

Please write clearly so we won't have any problems mailing your Allergy report.

Name _____

Address _____

_____ P.Code/Zip _____ Phone _____

E-mail (for allergy report) _____

Please send to:

Barbara Bourke
Allergy Testing Centre
PO Box 352
Mooloolabah Qld 4557
AUSTRALIA

Calls within Australia

Ph: 07 49513003
M: 0419116913

Calls from Overseas

Ph: 61 + 7 49513003
M: 61 + 419116913