

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 write name on the envelope or plastic bag

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

() Sinus/Hayfever	() Psoriasis	() Bloating
() Asthma	() Excess Mucus	() Flatulence
() PMS	() Thrush	() Hives
() Headaches	() Earache	() Irritable Bowel
() Acne	() Digestive	() Fatigue
() Rashes/Itchy Skin	() Constipation	() ADD/HD
() Arthritis	() diarrhoea	() Sleep Disorders
() Migraine	() Bad Breath	() Restless Legs

Other _____

Date of Birth...../...../..... Male Female Date of Birth of Baby (if applicable)...../...../...../

300 Item Test

Baby plus Test

Mother and Baby Test

**Please X the box
of the appropriate
Allergy test**

Please fill in the form below making sure your e mail address is correct and easy to read.

Name _____

Baby's Name (only for baby and mother and baby test) _____

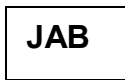
Address _____

_____ 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