

Hair Submission Form

Client's Full Name: _____

Phone: _____ Email: _____

Age: _____ Height: _____ Weight: _____ Hair Color: _____ Sex: M F

NOTICE! Use the checklist on the back of this sheet to ensure you send a proper sample. We will not send your sample to the lab if that checklist is not complete.

Schedule of Fees:

Initial Hair Mineral Analysis Test: \$335.

Includes lab fees, extra Laboratory Interpretive Report, written recommendations and 2 hours of personalized consultations to get you fully going on the program. **If this is for a child of someone already on the program** or who has a sibling already on the program, the fee is \$295.

Repeat Hair Mineral Analysis Test: \$240. Discount price is \$140 (*Discount applies if you purchase your program supplements only through Moses Nutrition or Endo-met directly, and not through another third-party supplier. Most people qualify for this. If you are unsure if you qualify, please contact us.*) This fee includes lab fees, written recommendations and a 30-minute test results consultation.

For retests only: Extra Laboratory Interpretive Report: Add \$30.

International Fee - For all clients (new and retests) outside of the U.S.: Add \$35

Additional consultation not included with the hair analysis fees above will apply at time of use. Current Prices can be found here: www.MosesNutrition.com/pricing

I have read and understand the fees listed above and understand that payment is due at time of service. I also understand that all fees are subject to change without notice.

Payment amount you are authorizing for this hair test: \$_____

Signature: _____ Date: _____

Payment Information:

If paying by check, make check payable to Moses Nutrition.

If paying by Credit Card, please fill out the information below, or if we already have credit card information on file for you, check this box: **USE CARD ON FILE.**

Card Number: _____

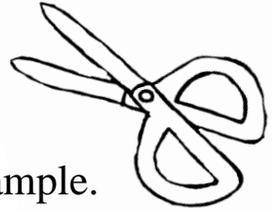
Exp. Date: Month: _____ Year: _____ 3 or 4 Digit Card Security Code: _____

Card Zip Code (Postal Code): _____

Name as it appears on credit card: _____

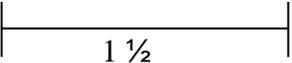
Mail this form and your hair sample to: **Moses Nutrition, 815 W. Kenneth Rd., Glendale, CA 91202**

IMPORTANT!



Please check off this list before sending your hair sample.

If the sample wasn't prepared properly or if you didn't complete your online form, **we cannot send your sample to the lab**, even if we reeeaaally want to!

- I filled out the Hair Submission Form on the back of this sheet.
- I submitted my Online New Client or Retest Form.
- I read the included instructions on how to cut a sample.
- I waited at least 4 hours after washing my hair to cut the sample.
- I cut my sample within 24 hours of washing my hair.
- I did not put conditioner or other products in my hair after washing it.
- I cut my hair sample from directly against the scalp with scissors only.
- The sample is ***no longer than*** this line (shorter is better): 
- I used the hair sample scale or I filled a tablespoon with hair to make sure I am sending enough hair.
- If I dyed, bleached or chemically-treated my hair, or if I have a water softener, I read the special instructions about that and followed them.

All instructions, How-To videos and Forms are here:
www.MosesNutrition.com/sample

Feel free to call us if you need help at (818) 745-9558.

We really look forward to talking to you soon!!