



PART 5.

INSTRUCTIONS: Check CURRENT applicable codes ONLY:

- | | | | | |
|---|---|--|--|--|
| <input type="checkbox"/> 501 Acne | <input type="checkbox"/> 526 Celiac Disease | <input type="checkbox"/> 552 Glaucoma | <input type="checkbox"/> 699 Lactating Mother | <input type="checkbox"/> 633 Skin, Itchy |
| <input type="checkbox"/> 505 Addiction | <input type="checkbox"/> 527 Cerebral Palsy | <input type="checkbox"/> 617 Growth Rate, Diminished | <input type="checkbox"/> 698 Learning Disabilities | <input type="checkbox"/> 629 Skin, Oily |
| <input type="checkbox"/> 502 Addition, Alcohol | <input type="checkbox"/> 718 Chronic Fatigue Syndrome | <input type="checkbox"/> 593 Growth Rate, Stunted | <input type="checkbox"/> 566 Leukemia | <input type="checkbox"/> 741 Skin Rash |
| <input type="checkbox"/> 753 Addition, Chocolate | <input type="checkbox"/> 717 Cigarette Smoker | <input type="checkbox"/> 553 Gout | <input type="checkbox"/> 709 Loss of Appetite | <input type="checkbox"/> 771 Spider Veins |
| <input type="checkbox"/> 717 Addition, Cigarette | <input type="checkbox"/> 528 Cirrhosis of the Liver | <input type="checkbox"/> 616 Hair Loss | <input type="checkbox"/> 638 Loss of Awareness (euphoric) | <input type="checkbox"/> 642 Stress |
| <input type="checkbox"/> 540 Addition, Drug | <input type="checkbox"/> 529 Colitis | <input type="checkbox"/> 641 Hair Growth, Poor | <input type="checkbox"/> 727 Loss of Balance | <input type="checkbox"/> 672 Stomach Problems |
| <input type="checkbox"/> 648 Aggression | <input type="checkbox"/> 530 Collagen Disease | <input type="checkbox"/> 695 Headaches | <input type="checkbox"/> 708 Loss of Concentration | <input type="checkbox"/> 673 Suicidal Tendencies |
| <input type="checkbox"/> 734 AIDS | <input type="checkbox"/> 728 Compulsive Behavior | <input type="checkbox"/> 572 Headaches, Migraine | <input type="checkbox"/> 583 Parkinson's Disease | |
| <input type="checkbox"/> 502 Alcoholism | <input type="checkbox"/> 531 Constipation | <input type="checkbox"/> 754 Hearing Problems | <input type="checkbox"/> 584 Perceptual Motor Problems | <input type="checkbox"/> 594 Tachycardia |
| <input type="checkbox"/> 503 Allergies | <input type="checkbox"/> 532 Coronary Occlusion | <input type="checkbox"/> 779 Hemochromatosis | <input type="checkbox"/> 585 Periodontal Disease | <input type="checkbox"/> 693 Taking Birth Control Pills |
| <input type="checkbox"/> 504 Alopecia (or | <input type="checkbox"/> 618 Craving Sweets | <input type="checkbox"/> 746 Hemorrhoids | <input type="checkbox"/> 586 Phlebitis | <input type="checkbox"/> 674 Temper Problems (bad temper) |
| <input type="checkbox"/> 616 Hair Loss or | <input type="checkbox"/> 758 Crohn's Disease | <input type="checkbox"/> 724 Hemosterosis | <input type="checkbox"/> 752 Phobias | <input type="checkbox"/> 772 Tendinitis |
| <input type="checkbox"/> 641 Poor Hair Growth) | <input type="checkbox"/> 533 Cushing's Disease | <input type="checkbox"/> 713 Hepatitis | <input type="checkbox"/> 612 Pigmentation Problems /Skin | <input type="checkbox"/> 595 Thrombophlebitis |
| <input type="checkbox"/> 770 ALS | <input type="checkbox"/> 534 Cystic Fibrosis | <input type="checkbox"/> 733 Herpes | <input type="checkbox"/> 669 PMS | <input type="checkbox"/> 643 Tinnitus, ringing in ears |
| <input type="checkbox"/> 760 Alzheimer's Disease | <input type="checkbox"/> 615 Dandruff | <input type="checkbox"/> 558 High Blood Pressure (hypertension) | <input type="checkbox"/> 680 Poor Attitude, Outlook | <input type="checkbox"/> 702 Tourettes Syndrome |
| <input type="checkbox"/> 506 Anemia | <input type="checkbox"/> 653 Defensiveness | <input type="checkbox"/> 723 Hives | <input type="checkbox"/> 745 Poor Circulation | <input type="checkbox"/> 730 Tumors |
| <input type="checkbox"/> 649 Anger | <input type="checkbox"/> 535 Depression | <input type="checkbox"/> 763 Hiatal Hernia | <input type="checkbox"/> 708 Poor Concentration | <input type="checkbox"/> 596 Tumors, Benign |
| <input type="checkbox"/> 507 Angina | <input type="checkbox"/> 536 Dermatitis (skin problems) | <input type="checkbox"/> 769 HIV Positive | <input type="checkbox"/> 731 Poor Digestion, Indigestion | <input type="checkbox"/> 597 Tumors, Fatty |
| <input type="checkbox"/> 703 Anorexia | <input type="checkbox"/> 537 Diabetes | <input type="checkbox"/> 554 Hodgkin's Disease | <input type="checkbox"/> 640 Poor Memory | <input type="checkbox"/> 598 Tumors, Fibroid (Misc.) |
| <input type="checkbox"/> 508 Anxiety | <input type="checkbox"/> 538 Diarrhea | <input type="checkbox"/> 722 Hot Flashes | <input type="checkbox"/> 719 Poor Muscle Tone (see Muscle) | <input type="checkbox"/> 599 Ulcer, Gastric |
| <input type="checkbox"/> 683 Arthritis | <input type="checkbox"/> 700 Difficulty taking Supplements | <input type="checkbox"/> 657 Hostility | <input type="checkbox"/> 639 Poor Nail Growth | <input type="checkbox"/> 600 Ulcer, Skin |
| <input type="checkbox"/> 510 Arthritis, Osteo | <input type="checkbox"/> 617 Diminished Growth Rate | <input type="checkbox"/> 710 Hyperactivity | <input type="checkbox"/> 670 Pregnant | <input type="checkbox"/> 601 Uremia |
| <input type="checkbox"/> 687 Arthritis, Psoriatic | <input type="checkbox"/> 539 Diverticulosis | <input type="checkbox"/> 555 Hypercholesterolemia (high cholesterol) | <input type="checkbox"/> 671 Protein Catabolism | <input type="checkbox"/> 706 Urinary Problems (frequent urination) |
| <input type="checkbox"/> 511 Arthritis, Rheumatoid | <input type="checkbox"/> 685 Dizziness | <input type="checkbox"/> 556 Hyperkinesia | <input type="checkbox"/> 669 Pre-Menstrual Tension, PMS | <input type="checkbox"/> 777 Urinary Infection |
| <input type="checkbox"/> 512 Asthma | <input type="checkbox"/> 540 Drug Addiction | <input type="checkbox"/> 557 Hypertlipidemia | <input type="checkbox"/> 587 Prostate Problems | |
| <input type="checkbox"/> 513 Atherosclerosis | <input type="checkbox"/> 747 Dry Mouth | <input type="checkbox"/> 775 Hypertension (high blood pressure) | <input type="checkbox"/> 619 Psoriasis | <input type="checkbox"/> 602 Varicose Veins |
| <input type="checkbox"/> 514 Autism | <input type="checkbox"/> 541 Dyslexia | <input type="checkbox"/> 559 Hypertyroidism (over-active thyroid) | <input type="checkbox"/> 588 Psychological Problems | <input type="checkbox"/> 675 Vegetarian |
| <input type="checkbox"/> 762 Attention Deficit Disorder | | <input type="checkbox"/> 560 Hypoadrenocorticism | <input type="checkbox"/> 589 Raynaud's Disease | <input type="checkbox"/> 764 Vitiligo |
| | | <input type="checkbox"/> 561 Hypoglycemia | <input type="checkbox"/> 732 Retinitis | <input type="checkbox"/> 676 Volatility |
| <input type="checkbox"/> 651 Back Problems | <input type="checkbox"/> 704 Ear Infection | <input type="checkbox"/> 562 Hypothyroidism (under-active thyroid) | <input type="checkbox"/> 738 Respiratory Infection | <input type="checkbox"/> 545 Water Retention (edema) |
| <input type="checkbox"/> 674 Bad Temper (temper problems) | <input type="checkbox"/> 544 Eczema | <input type="checkbox"/> 696 Immune Deficiency | <input type="checkbox"/> 590 Rheumatism | <input type="checkbox"/> 677 Weight Gain |
| <input type="checkbox"/> 684 Bed Wetting | <input type="checkbox"/> 545 Edema, Water Retention | <input type="checkbox"/> 639 Impotence (men only) | <input type="checkbox"/> 637 Ridges on Nails | <input type="checkbox"/> 603 Weight Loss |
| <input type="checkbox"/> 515 Behavior Problems | <input type="checkbox"/> 654 Emotional Problems (or emotional instability or sensitivity) | <input type="checkbox"/> 731 Indigestion (bloating, gas) | <input type="checkbox"/> 643 Ringing in Ears | <input type="checkbox"/> 678 White Spots on Nails |
| <input type="checkbox"/> 776 Bladder Infection | <input type="checkbox"/> 546 Emphysema | <input type="checkbox"/> 688 Infections | <input type="checkbox"/> 591 Schizophrenia | <input type="checkbox"/> 679 Worrying |
| <input type="checkbox"/> 755 Blood Clots | <input type="checkbox"/> 711 Endometriosis | <input type="checkbox"/> 704 Infections, Ear | <input type="checkbox"/> 592 Scleroderma | <input type="checkbox"/> 605 Wound Healing (poorly) |
| <input type="checkbox"/> 743 Blurred Vision | <input type="checkbox"/> 711 Endometriosis | <input type="checkbox"/> 738 Infection, Respiratory | <input type="checkbox"/> 715 Scoliosis | |
| <input type="checkbox"/> 701 Boils | <input type="checkbox"/> 711 Endometriosis | <input type="checkbox"/> 716 Infections, Yeast | <input type="checkbox"/> 737 Sexual Desire, decreased | <input type="checkbox"/> 716 Yeast Infections |
| <input type="checkbox"/> 714 Breast Lump (lump in breast) | <input type="checkbox"/> 547 Epilepsy | <input type="checkbox"/> 658 Infertility | <input type="checkbox"/> 664 Sinus Problems | |
| <input type="checkbox"/> 517 Breast Tumor | <input type="checkbox"/> 691 Epstein-Barr Syndrome | <input type="checkbox"/> 681 Inflammation | <input type="checkbox"/> 749 Sinusitis | RETEST ONLY |
| <input type="checkbox"/> 735 Bronchitis | <input type="checkbox"/> 638 Euphoric (loss of awareness) | <input type="checkbox"/> 564 Insomnia | <input type="checkbox"/> 536 Skin Problems, Dermatitis | <input type="checkbox"/> 698 Emotionally Stronger |
| <input type="checkbox"/> 634 Brown Spots on Skin | <input type="checkbox"/> 655 Exhaustion | <input type="checkbox"/> 774 Irritable Bowel Syndrome | <input type="checkbox"/> 634 Skin, Brown Spots | <input type="checkbox"/> 697 Feeling About the Same |
| <input type="checkbox"/> 765 Bruising | <input type="checkbox"/> 548 Fatigue | <input type="checkbox"/> 659 Irritability | <input type="checkbox"/> 628 Skin, Dry | <input type="checkbox"/> 689 Feeling Better |
| <input type="checkbox"/> 518 Burger's Disease | <input type="checkbox"/> 712 Fever | <input type="checkbox"/> 720 Iritis | <input type="checkbox"/> 744 Skin, Flaky | <input type="checkbox"/> 690 Feeling Worse |
| <input type="checkbox"/> 756 Burning Feet | <input type="checkbox"/> 773 Fibromyalgia | | | |
| <input type="checkbox"/> 519 Bursitis | <input type="checkbox"/> 549 Fractures | | | |
| | <input type="checkbox"/> 706 Frequent Urination | | | |
| <input type="checkbox"/> 520 Calculus, Biliary | <input type="checkbox"/> 725 Fungus Under Nails | | | |
| <input type="checkbox"/> 521 Calculus, Renal | <input type="checkbox"/> 725 Fungus Under Nails | | | |
| <input type="checkbox"/> 522 Cancer | | | | |
| <input type="checkbox"/> 652 Candida Albicans | <input type="checkbox"/> 707 Gall bladder Problems | | | |
| <input type="checkbox"/> 766 Canker Sores | <input type="checkbox"/> 748 Gall Stones | | | |
| <input type="checkbox"/> 523 Cardiac Arrhythmias | <input type="checkbox"/> 731 Gas (indigestion) | | | |
| <input type="checkbox"/> 524 Cardiovascular Disease | <input type="checkbox"/> 656 Gastric Ulcer | | | |
| <input type="checkbox"/> 767 Carpal Tunnel | <input type="checkbox"/> 550 Gastritis | | | |
| <input type="checkbox"/> 525 Cataracts | <input type="checkbox"/> 551 General Good Health | | | |

Additional Comments: _____
 I request the Tissue Mineral Analysis Test(s) be performed and the desired interpretation(s) and supplements as indicated on this order form be forwarded to me. I understand that the material in the requested profiles is provided merely for my consideration, and that any actual implementation of the plans, procedures, and other information presented, or the dispensing of supplements as a result of this request, will be based entirely upon my professional knowledge and judgement, and be dependent upon my evaluation of the patient involved.

Health Care Practitioner Signature _____ Date _____