## Wellness Plan ORDER FORM

Congratulations! You are well on your way to making a REAL difference in your life.

Please complete the form below, collect hair sample and mail to:

## Hair sample

Please provide a hair sample big enough to cover the shaded area:

Place hair sample in small zip locked bag

Acqua Health Shop 5/207 Westbury Rd, Prospect TAS 7250

Email: info@acquahealth.com.au Phone: (03) 6343 5997

Name:	Da	ate of Birth/Pare	ents Name if child:
Address:			
Suburb:	State: Pos	tcode/Zip: Country:	
Phone:			
Email:			
Payment details \$345 for 1 h	Hair Analysis & 6-month V	Vellness Program	
Card Number:		CVV	
Cardholder Name:_			
Cardholder Name:_ Card type	erCard		
Card type Wisate	erCard Signature		
Expiry date/  ease list your symptoms;  [] acne / rosacea	Signature	[] gout	[] psoriasis
Expiry date/  ease list your symptoms;  [] acne / rosacea  [] ADD/HDbehavioural	Signature	[] gout [] headache	[] rashes/itchy skin
Expiry date/  ease list your symptoms;  [] acne / rosacea  [] ADD/HDbehavioural  [] arthritis	Signature	[] gout [] headache [] hives	[] rashes/itchy skin [] reflux
Expiry date/  ease list your symptoms;  [] acne / rosacea  [] ADD/HDbehavioural  [] arthritis  [] asthma	Signature	[] gout [] headache [] hives [] irritable bowel	[] rashes/itchy skin [] reflux [] restless legs
Expiry date/  ease list your symptoms;  [] acne / rosacea  [] ADD/HDbehavioural  [] arthritis	Signature	[] gout [] headache [] hives	[] rashes/itchy skin [] reflux

Thank you for filling out this form

Upon receipt we will process your Hair Analysis and send you your report within 7-10 days.