

True Focus Health Association
23155 Old U S 20
Elkhart, IN 46516

HAIR AND SALIVA BIO ENERGETIC ANALYSIS



1. TAKE 2 Q TIPS AND SWAB THE INSIDE OF THE MOUTH WITH BOTH ENDS
Preferably collect sample before brushing teeth.
2. PUT SAMPLE IN PLASTIC BAGGIE. IF NOT USING HAIR SEND 4 QTIPS.
3. TRIM TEASPOON SIZE PIECE OF HAIR FROM ENDS (NOT ROOTS)
PUT IN SAME BAGGIE
4. PUT SAMPLE, INTAKE FORM, MEMBERSHIP FORM IN PRIORITY ENVELOPE.
IF SENDING OVERNIGHT CHECK NO SIGNATURE REQUIRED.

INCLUDE CHECK OR CALL WITH CREDIT CARD

SEND TO:
DR. JOSEPH CATALDO
23155 OLD US 20
ELKHART, IN 46516
(574) 361-9543

ANY QUESTIONS? PLEASE CALL
DR. AKSANA CATALDO
(574) 849-0892
EMAIL: VECHIAROMA@MSN.COM

CLIENT INFORMATION

NAME _____

ADDRESS _____

CITY, STATE, ZIP CODE _____

PHONE _____ EMAIL _____

WHO REFERRED YOU? _____

MALE ___ FEMALE ___ AGE ___ DATE OF BIRTH _____ HEIGHT ___ WEIGHT ___

HEALTH CONCERNS OR GOALS _____

DENTAL PROCEDURES, CROWNS, FILLINGS, ROOT CANALS _____

SURGERIES/MEDICATIONS _____

HERBS AND VITAMINS _____

FEE SCHEDULE: CHECK ALL THAT APPLY

CEDSA VITAL SCAN WITH CONSULTATION, plus FOOD TESTING	\$275
ADD ALLERGY TESTING	\$25
MEMBERSHIP FEE	\$10
MAIL PRINTOUT OF TEST	\$10
ADD TRUE RIFE SCAN PLUS PERSONAL WEEKLY PROGRAM;	\$50
CHILDREN 8 YEARS AND YOUNGER	\$175
EXTRA CONSULTATION PER ½ HOUR	\$50
RETEST WITHOUT TRUE RIFE SCAN	\$250
RETEST WITH TRUE RIFE SCAN AND PROGRAM	\$300
TRUE RIFE SCAN AND PROGRAM WITH NO CEDSA TEST	\$100
THIS IS FOR CURRENT CLIENTS ONLY! NOT FOR NEW TESTS!	

PAYMENT INFORMATION

CIRCLE ONE: CHECK # _____ CREDIT CARD Visa/Mastercard/Discover

CARD NUMBER OR CALL WITH INFORMATION _____

EXP DATE _____ CVV CODE _____

Please read and sign! Thank you!

CEDSA testing provides a non invasive method of gaining valuable information about the vital functions of the body, The primary objective is to disclose patterns of stress and provide feedback to recommend a program to restore the body back into balance. This DOES not provide a MEDICAL diagnosis. I give permission for this evaluation, I understand the testing technician DOES NOT become my primary care physician. I will NOT hold the testing technician or TRUE FOCUS HEALTH ASSOCIATION responsible for any of my personal decisions regarding the test or any continuing program I choose to follow.

CLIENT SIGNATURE _____ DATE _____

PLEASE ALLOW 14 DAYS TO PROCESS TEST DURING BUSY TIMES!!

WE APPRECIATE YOUR CONFIDENCE AND YOUR PATIENCE AS WE DO OUR BEST TO HELP YOU ACCOMPLISH YOUR HEALTH GOALS!

