



TRUE FOCUS HEALTH ASSOCIATION
23155 OLD US 20
ELKHART, IN 46516
574 361 9543

HAIR AND SALIVA BIO ENERGETIC ANALYSIS

PLEASE ALLOW 14-21 DAYS FOR RESULTS

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

PLEASE INCLUDE CHECK MADE TO DR. JOSEPH CATALDO OR CALL WITH CREDIT CARD
SEND PACKAGE TO: CALL WITH QUESTIONS TO:

DR. JOSEPH CATALDO, ND
23155 OLD US 20
ELKHART, IN 46516

DR. AKSANA CATALDO, ND
(574) 849-0892 CELL
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 TAKEN _____

FEE SCHEDULE: CHECK ALL THAT APPLY

FIRST TIME TESTING:

***CEDSA VITAL SCAN with 1 hr consultation	\$300.00
***ALLERGY TESTING	\$25.00 EXTRA
***MEMBERSHIP FEE	\$10.00 EXTRA
PRINTED COPY SENT INSTEAD OF EMAIL	\$10.00 EXTRA
TRUE RIFE SCAN AND PROGRAM	\$50.00 EXTRA
EXTRA CONSULTATION ½ HR	\$50.00 EXTRA
RETEST WITH TRUE RIFE SCAN	\$325.00
RETEST WITHOUT TRUE RIFE SCAN	\$275.00

TRUE RIFE SCAN WITHOUT CEDSA

For current clients only – NOT for NEW TEST \$100.00

CHILDREN 8 YRS OLD AND UNDER TESTING \$175.00

PATIENT INFORMATION

CHECK ONE: CHECK # _____ CREDIT CARD _____

CARD NUMBER OR CALL US _____

EXP DATE _____ CODE _____

PLEASE READ AND SIGN! THANK YOU!

CEDSA assessment 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 and understand the technician is NOT my primary care physician. I WILL NOT hold True Focus Health responsible for any personal decisions regarding testing or products used.

CLIENT SIGNATURE _____ DATE _____

