

BEFORE YOU BOOK THE TESTS, PLEASE READ THE FOLLOWING CAREFULLY:

Why have a hair/nail sample test done?

Toxic metals can cause hair loss

Latest research as published in the book *Regrowing Hair Naturally* has shown that 95% of men and women who suffer from hair loss have toxic metals in their body. These often come from fillings in teeth but can also derive from other sources. The right supplements can eliminate toxic metals.

Parasites and fungi can cause hair loss

The second most frequent cause for hair loss are parasites and fungi. These can be contracted by working with soil, sitting on grass, stroking or cuddling pets, by eating contaminated meat, drinking unclean water or not washing hands after having been to the toilet. The right supplements can eliminate invasive organisms.

Food intolerances can cause hair loss

If you eat foods that you are intolerant to, it can upset your gastrointestinal tract. As a consequence, your immune system can become over-active and nutrient uptake into hair follicles is compromised. A change in diet can help hair growth.

IMPORTANT INFORMATION

- 1. Having the tests carried out does not constitute a guarantee that your hair will re-grow.**
- 2. The test results do not constitute a medical diagnosis. For a medical diagnosis, please consult your doctor or dermatologist.**
- 3. Please do not order tests 4 or 5 if you are pregnant or breastfeeding. If you fall pregnant while on the treatment plan, you will need to inform me immediately.**
- 4. The treatment plan you will receive when you order the tests is tailor-made to your specific needs and is not transferable to someone else.**
- 5. You will need to start the treatment plan within two months of receiving the test results. After two months, the tests are no longer valid.**
- 6. Be aware that you may be required to cut out certain foods as part of the treatment plan.**
- 7. If the tests show metal toxicity or invasive organisms, it can take up to 18 months to detox from these. During this time, re-tests will have to be carried out approximately every three months. Re-tests are between £40 and £60.**
- 8. It may be necessary to have amalgam fillings removed if they are a problem.**
- 9. This is not a quick fix treatment plan. If your hair growth can be re-established, it can take up to 12 months to see progress with your hair.**

PLEASE RETAIN THIS SHEET FOR YOUR RECORDS.

For examples of people who have successfully re-grown their hair with a tailor-made treatment plan, please see www.hairgrowthUK.net 'case histories'.

ORDER FORM

Please carry out the following test/s (please tick boxes you require):

- 1 Toxic metals £ 50**
 - 2 Invasive organisms £ 50**
 - 3 Food intolerances £ 50**
 - 4 Big supplement test £ 70 ***
 - 5 Big test (Tests 1 – 4) normally £220, but if booked together **only £150 *****
- SPECIAL REDUCTION: If your hair sample reaches me by 24th September 2010, there is a further reduction and you only pay £135 for all the tests together.**

I WILL BE AWAY FROM THE PRACTICE FROM 10th - 17th SEPTEMBER AND WILL NOT BE ABLE TO ACKNOWLEDGE RECEIPT OF YOUR ORDER FORM DURING THAT TIME.

PLEASE WRITE CLEARLY

Mr / Mrs / Miss / Ms Date of birth:.....

First Name Surname

Address

.....Country

Post Code/ZIP Code Tel. no.

E-mail address

Your personal details will NOT be sold to third parties.

I would like to pay by **cheque**, made out to **Vera Peiffer**.
(Cheques can only be accepted in British Pounds.)

I would like to pay with **PayPal**.
Please send me a **PayPal invoice** to my e-mail address so that my credit card details stay safe. (You do not need a PayPal account yourself to use this facility.)

I would like to pay £ by **credit card**.

Type of credit card	Visa	Mastercard
Credit Card No.		
Expiry date		
Card verification number (last 3 digits on signature strip)		
Name as it appears on card		
Signature		

*** Tests 4 and 5 require answers to the questionnaire which follows this form. Tests 4 and 5 will only be carried out if the completed questionnaire is enclosed.**

How to take a hair sample

If your hair is actively falling out at the moment: Go with your fingers through your hair and send me hair that has been left in your fingers. I need at least 10 hairs.

If your hair is thinning but not actively falling out: Cut off approximately **twenty hairs** of at least 2 centimetres length from the back of your neck, close to the scalp. If your hair is shorter, please send a nail sample instead.

It does not matter if your hair is dyed. It would be better if your hair has not been washed before you cut it.

DO NOT TAKE HAIR FROM A BRUSH AS THIS COULD CONTAIN SOMEONE ELSE'S HAIR AND CONFUSE THE RESULT!

Put your sample into a white clean piece of paper and sellotape it shut.

Write your name on the paper.

How to take a nail sample

If you have no hair or your hair is too short, send in some nail clippings from finger nails.

If you wear nail varnish, you need to take it off before you cut the nail. The larger you can make the clipping, the better. If in doubt, send little clippings from several nails.

Put your sample into a white, clean piece of paper and sellotape it shut.

Write your name on the paper.

QUESTIONNAIRE

HAIR AND SCALP

Please explain briefly what type of hair loss you are suffering from, for example whether your hair comes out in round patches, whether it is overall thinning or only thinning in certain areas.

Do you also suffer from dandruff, skin irritations, itchiness or sensitivities or any other conditions on the scalp? If so, please describe briefly here.

Do you suffer from any other health problems except hair loss?

TEETH

Do you have any silver/grey amalgam fillings in your teeth? How many?

Have you ever had any silver/grey amalgam fillings in your teeth that were removed?

If so, approximately how many?

Do you have any gold fillings or gold crowns in your teeth?

Do you have any root canal fillings in your teeth?

Do you have problems with your gums, for example bleeding or puffiness?

FOOD AND DRINK

How much alcohol do you consume in a week?

Are you vegetarian?

What do you eat for a typical breakfast ?

What do you eat for a typical lunch?

What do you eat for a typical dinner?

What foods do you eat between meals as snacks?

What type of liquids do you take during the day?

Do you eat chocolate and/or sweets every day?

Do you find it hard to resist sweet foods (biscuits, cakes, sugary drinks)?

Do you chew gum? If so, which brand and flavour?

GENERAL

Do you have any pets or do you come in daily contact with animals?

Do you smoke? If yes, how many cigarettes on average?

Have you ever had operations with general anaesthetics? If yes, how many?

If you are currently on **prescribed medication**, please state what you are taking:

DO NOT DISCONTINUE PRESCRIBED MEDICATION UNLESS ADVISED TO DO SO BY YOUR DOCTOR.

How many cordless phones do you have in your home?

In which rooms are the cordless phones located?

Do you use a mobile phone?

Do you have any tattoos? If so, how many?

Do you have any body piercings except ear lobes?

Do you suffer from any of the following more than you feel you should?
Please tick the relevant box:

unexplained weight loss	constipation	itchy skin on the body
exhaustion	headaches	sleeping problems
unexplained pains in the body	diarrhoea	irritability
depression	anxiety	fuzzy-headedness

Any other symptoms :

Are you currently taking any supplements? If so, which ones and what dosage?
(Please include supplements for **bodybuilding** if you take those.)

What is your profession?

For female clients:

Are you currently	<input type="checkbox"/>	pregnant?
	<input type="checkbox"/>	breastfeeding?
	<input type="checkbox"/>	trying to become pregnant?
	<input type="checkbox"/>	none of the above?

I confirm that I have read the Important Information on page 1 and have retained the sheet for my records.

.....
Date

Signature

Please send your
order form with completed questionnaire
payment and
hair/nail sample
to

Vera Peiffer
75 South Lane
Ash GU12 6NL
Great Britain