




# HUMBLE BODY, LLC – TEST REQUISITION FORM

## Detoxification & Herbal Wellness Services

 [www.humblebody.com](http://www.humblebody.com) |  Phone: 985-303-5880 |  Mail to: PO Box 221, Houma, LA 70361

## PATIENT INFORMATION

- **Full Name:** \_\_\_\_\_
- **Date of Birth:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **Sex:** ☐ M ☐ F
- **Address:** \_\_\_\_\_
- **Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_
- **Date of Request:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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## REASON FOR SCAN / SYMPTOMS (Brief)

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### STANDARD SCANS (✓ Always Included: Unless Advised)

☐ Root Causal Scan   ☐ General Support   ☐ Informational Scan   ☐ Bach Flower

**ADDITIONAL SCANS:** ✓ *up to 3 unless ★ marked – must be done alone \* Marked - indicates this scan is a report for a professional to support the body's care. This is not for diagnosis, but instead a detox to help remove toxins that are preventing the body from naturally healing. Additional selections may increase the cost when more detox is applied.*

### Anatomy

☐ Adrenal   ☐ Appendix   ☐ Arteries/Veins   ☐ Brain ★   ☐ Breast   ☐ Ear  
☐ Eye   ☐ Heart   ☐ Kidney/Bladder   ☐ Intestines   ☐ Liver/Gallbladder  
☐ Lung   ☐ Ovary/Uterus   ☐ Pancreas   ☐ Pineal   ☐ Pituitary   ☐ Prostate  
☐ Sinus   ☐ Skin   ☐ Spleen   ☐ Stomach   ☐ Thymus   ☐ Thyroid/Parathyroid   ☐ Hypothalamus

### Specialty

☐ Acupuncture \*   ☐ Allergy-Sensitivity   ☐ Autism   ☐ CA Nosodes  
☐ Emotional Detox   ☐ Environmental Sensitivity   ☐ Food Sensitivity  
☐ Gut Healing   ☐ IV Therapy \*   ☐ Metabolic Profile   ☐ Methylation  
☐ Parasite ★   ☐ Reflexology \*   ☐ Sleep   ☐ Toxin   ☐ Weight Loss   ☐ Mineral Deficiency   ☐ Back  
☐ Blood   ☐ Bone   ☐ Hip   ☐ Knee/Leg   ☐ Shoulder

## COMMENTS / NOTES:

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## INFORMED CONSENT

*I understand this is a detox protocol, and reactions may occur. I will follow all post-visit instructions and contact my provider if needed.*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_