




HUMBLE BODY, LLC – TEST REQUISITION FORM

Detoxification & Herbal Wellness Services

 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 ☐ Other
- **Address:** _____
- **Phone:** _____ **Email:** _____
- **Date of Request:** ____ / ____ / ____

REASON FOR SCAN / SYMPTOMS (Brief)

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:

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:** ____ / ____ / ____