CanAlt Health Laboratories

Analytical Science Supporting Fundamental Assessment

HAIR SPECIMEN SUBMITTAL FORM

Health Care Practitioner Information:

Existing CanAlt Clients need only enter their **CanAlt Practitioner No.** *and* **Practice Name**. *New Clients must complete this entire section*

CanAlt Practitioner No.	Practice Name	CanAlt Contact
86	Precious Balance	

Last Name	First Name	Middle Initial	Designation (Optional)
Huyben	Francine	F	NAC

Address	City	Province	Postal Code
8823 Belleview Lane RR 3	Granton	Ont	N0M 1V0

Tel. No.	Fax No.	email Address
Precious Balance 8823 Belleview Lane RR 3 Granton, Ontario N0M 1V0		huyben@quadro.net

Patient Information:

Last Name	First Name	Gendre	Age	Weight (Kg)	Height (Cm)

Hair Specimen Information:

Hair Specimen Location: ❑ Head (Nape of Neck) ❑ Pubic

Hair Treatment / Conditioning

Date of Last Use

Any Sports Activity (e.g. swimming) or Industrial Source of Potential Contamination of Hair

Date of Last Exposure

Payment Information:

Hair Mineral Analysis Assessment Report:

❑ Electronic Report *emailed only*

Office Use Only

Lab No.

Date Rec'd

Comments