

BioEnergetic Health Analysis & Lotus Protocol

Via Hair/Saliva Sample

Questions? Contact Trish:

trish@LotusBeWell.com

phone: 262-441-3159

Note: The client being tested must be a member of the Lotus Be Well Association to participate in this and any other self-serve therapies and professional wellness services; please see other attachments for further information and application. Remember, BioEnergetic Testing is NOT diagnostic; it is an evaluation of energy flow to determine priority health issues, causes, and beneficial remedies including dietary & lifestyle changes, supplements, essential oils, and the most effective self-serve therapies available at Lotus Be Well.

How to Collect Samples:

Saliva: Make sure your body is well hydrated by drinking a quart of water. Wait 30 minutes after drinking, and refrain from eating during that time. Salivate and rub both ends of 2 Q-tips along the inner cheek, making sure all four ends are then full of saliva. Place in a small zip lock bag or glass container.

Hair: Make sure your body is well hydrated by drinking a quart of water. Cut hair along back nape of neck getting as close to the roots as possible. Place a lock of hair, about 1/4 inch thick in a zip lock bag or glass container.

Keep samples in refrigerator until ready to send or drop off. For best results, samples must be sent/dropped off the day they are collected.

What to Send

Please place the following in an envelope and drop off or send USPS Express Mail- 2 Day Delivery to:

Lotus Be Well

Attn: Trish Hoehn-SAMPLE

75 N. Main St.

Hartford, WI 53027

- Two saturated Q-tips
- ¼ inch lock of clean hair (cut at root)
- New Members: Signed Membership Form with \$20 Membership Fee
- This completed Patient Information Form
- Completed Health History Questionnaire

Please allow 5-7 business days after receiving the samples for your results to be available. Results will be emailed and you will be contacted to schedule a phone or in-person consult.

Vital Information: DOB: _____ Gender _____ Height _____ Weight _____

Current Supplements: (ex. Vitamins & Herbs)

Name: _____

Address: _____ City/State/Zip: _____

Phone # Daytime: _____ Evening: _____

Email Address: _____

Payment Information: Upon test completion, your card will be charged the testing fee of \$147.00 for an initial test or \$87/hour for a follow-up test. A 20 minute phone consultation to discuss results is included in these fees; additional consult time will be billed at a rate of \$87/hour.

Credit Card Number: _____ Exp. Date: _____

CVV Code: _____ Visa Master Card Discover American Express