

ORDER FORM – HAIR WASH TEST

The lab charges a fee of \$ 95 + 5 % GST per sample for Hair Collection analysis

Please use a new form for EACH hair collection you do. Please staple this form to the bag.

MAIL TO : Donovan Hair Clinic. Suite 905 – 750 West Broadway Street. Vancouver BC. V5Z 1H8

ALLOW 4-6 WEEKS FOR RESULTS TO BE SENT TO YOU.

CONTACT INFORMATION

FIRST NAME: _____ LAST NAME: _____

ADDRESS: _____

PHONE NUMBERS _____ EMAIL _____

HAIR COLLECTION DETAILS

Did you perform a 5 day hair collection or a 120 second collection? 5 day 120 second

What DATE did you do your hair collection? _____

When was the last time you washed your hair BEFORE you did your hair collection?

1 day prior 2 days prior 3 day prior 4 days prior 5 days prior

How would you like your results sent to you (please allow 4-6 weeks)? email letter mail

BILLING INFORMATION

CREDIT CARD NUMBER _____

EXPIRY DATE: _____ 3 DIGIT CVV CODE _____

CONFIRMATION OF REQUEST FOR ANALYSIS

I am confirming that I would like to submit hair samples for analysis. I understand the fees associated with each test. I understand that the **fees cover the analysis of the hair sample and the generation of a formal report by the lab.** I give permission to have my credit card billed \$95 + GST (\$ 99.75) for each sample I submit. I understand that the fee does not cover Dr. Donovan's professional advice on how my treatment plan should be modified based on the results – and this would require an actual follow up appointment with the doctor.

DATE (DAY/MONTH/YEAR)

SIGNATURE