

Hair Analysis Order Form

Print this form and mail it to

Georges Miret Salon
Attention: Ruben Mendez
301 Alcazar Ave
Coral Gables, FL 33134

If you are interested in having samples of your hair examined, please fill up the following confidential questionnaire, make a print out of this page, and send it by regular mail with 10 hair samples pulled out from the same scalp area (the hair samples must be complete, that is, stem with its follicle or bulb) inside an envelope together with your check or money order for \$85.00 plus \$5.95 Shipping & Handling (Florida Residents add \$6.37 Florida Sales Tax).

Grand Total for Florida residents: \$97.32
Grand Total for non-Florida residents: \$90.95

You will receive your Hair Analysis results by mail in about 10 business days. If you don't receive your report at the end of this period, please give us a call to inquire about the status of your order.

Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone: _____ Cell Phone: _____

E-mail address: _____

Gender: _____ Age: _____ Weight: _____ Profession: _____

Tinted Hair? **YES or NO** Relaxed Hair? **YES or NO** Excessive hair loss? **YES or NO**
Other Chemical Process? _____ If yes, explain: _____

Under medical treatment? **YES or NO**

If YES what kind of medication are you taking?

Birth Control Pills: **YES or NO** Are you taking them regularly? **YES or NO** :

Heart Disease: **YES or NO** Hormones: **YES or NO** Diabetes: **YES or NO**

Antibiotics: **YES or NO** High Blood Pressure: **YES or NO**

Weight Control: **YES or NO** Depression: **YES or NO** Vitamins: **YES or NO**

Have you ever been treated with Chemotherapy?: **YES or NO**

Have you ever been treated with Radiation?: **YES or NO**

Date any kind of Dental Anesthetic was last administered (Month/Day/Year): _____

Have you ever been operated on?: **YES or NO** When?: (Month/Day/Year): _____

Have you given birth in the last 6 months?: **YES or NO**

Have you had a complete physical exam lately?: **YES or NO** When?: _____

Do you swim at the pool regularly?: **YES or NO**

Describe any comment you feel it might be helpful for your AMDC2000 Hair Analysis:

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I, _____, authorize Georges Miret Int'l Inc. to perform an AMDC2000 Hair Analysis of my hair. I also understand that this questionnaire is strictly confidential and that the information provided will not be shared nor distributed and/or sold or rented to third parties.

_____ Date: _____
(Signature)