

Hair Analysis Order Form

Print this form and mail it to

Georges Miret Salon
Trichology Analysis Department
1825 Ponce de Leon Ave. Suite 372
Coral Gables, FL 33134

If order to complete our Clinical Trichological Hair Analysis, you need to complete this detailed questionnaire. The confidential information you provide will be only be used by Georges Miret Group (GMG), for the strict purpose of determining any underlying physiological or heredity precursors affecting your hair. The GMG guarantees the privacy rights of its clientele and agrees not to use this information for any other purpose other than what is implied. The GMG will only release the results of the Analysis to the party requesting said test, either in person or by mail, as directed by the party(client) soliciting this service. The client agrees to provide said medical information to the best of their knowledge and agrees that any error in said information, whether by intent or omission of the truth, will invalidate the result and agrees to absolve the GMG for its results and conclusions.

Collection of Hair Samples:

Client must pull or pluck, at least ten (10) complete hair specimens.
They must be taken from the same general area of the scalp.
The samples must be a complete stem with the follicle or bulb attached.
This procedure is relatively painless and can be completed in 5 to 10 minutes.
Next place the samples in a small plastic bag and seal it securely.

Completion of Process:

Place the sealed samples in an envelope.
Include a completed copy of the attached clinical questionnaire, duly signed and dated.
Include a check or Money Order in the amount of \$125.00 American Dollars.

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Results of Trichological Hair Analysis:

You will receive the detailed results within 10 business days. Included will be the recommended therapies as determined by our in house Trichologist.
If you wish to receive the results by Email only, please indicate in the form and provide the email address you request it sent to.

If you do not specify by email, the results will be sent in a confidential envelope, addressed to the clients name on the Order Form and the listed mailing address. You will receive your Hair Analysis results by mail in about 10 business days.

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Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone or Cell number: _____

E-mail address: _____

Results by mail: _____ or Email: _____

Gender: _____ Age: _____ Weight: _____

Profession: _____

Tinted Hair? **YES or NO** Relaxed Hair? **YES or NO** Excessive hair loss? **YES or NO**

Type of Recent Chemical Treatment: _____

Medical History:

Under medical treatment? **YES or NO**

If YES what kind of medication/s 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 had any surgery in the last 24 months?: **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 in the last 6 months?: **YES or NO**

Do you exercise outdoors?: **YES or NO**

Do you swim regularly? **YES or NO**

Describe any activity or condition which you feel could or is having an affect on your overall health.

I, _____, authorize the Georges Miret Group to perform an AMDC2000 Hair Analysis of my hair. I also understand that all the information provided will be held in strict privacy and will only be released to myself unless I give specific authorization otherwise. This information will not be used for advertising or marketing purposes.

Signature Date: _____

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(Signature)