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Test Requisition

H.N.U.S. Analysis

Client Name: _____ DOB: _____ Gender: Male Female

STANDARD SCANS:

<u>First Scan:</u>	<u>Third Scan:</u>	
<input type="checkbox"/> Comprehensive Analysis	<input type="checkbox"/> Miasm Influence	<input type="checkbox"/> Nutritional Maintenance
<u>Second Scan:</u>	<input type="checkbox"/> Emotional Stressors	<input type="checkbox"/> Hormonal Profile
<input type="checkbox"/> Main Body Protocol	<input type="checkbox"/> Neurotransmitter Profile	<input type="checkbox"/> Lyme Panel
<input type="checkbox"/> Male/Female Reproduction	<input type="checkbox"/> Vertebral Profile	
<input type="checkbox"/> MultiVite	<input type="checkbox"/> Dental Resonance Profile	

ADDITIONAL REQUESTED SCAN(S):

<u>Supplemental Scan(s):</u>		
<input type="checkbox"/> Imprint Specifics	<input type="checkbox"/> Adrenal Scan	<input type="checkbox"/> Pineal Scan
<input type="checkbox"/> Allergy-Sensitivity Profile	<input type="checkbox"/> Appendix Scan	<input type="checkbox"/> Pituitary Scan
<input type="checkbox"/> Environmental Sensitivity List	<input type="checkbox"/> Arteries/Veins	<input type="checkbox"/> Prostate Scan
<input type="checkbox"/> Food Sensitivity List	<input type="checkbox"/> Brain Function	<input type="checkbox"/> Sinus Scan
<input type="checkbox"/> Dietary Concerns	<input type="checkbox"/> Breast Scan	<input type="checkbox"/> Skin Scan
<input type="checkbox"/> Emotional Freedom Technique	<input type="checkbox"/> Ear Scan	<input type="checkbox"/> Spleen Scan
<input type="checkbox"/> Essential Oils - doTERRA	<input type="checkbox"/> Eye Scan	<input type="checkbox"/> Stomach Scan
<input type="checkbox"/> Healing Stone Vibrations	<input type="checkbox"/> Heart Scan	<input type="checkbox"/> Thymus Scan
<input type="checkbox"/> IV Therapy	<input type="checkbox"/> Hypothalamus Scan	<input type="checkbox"/> Thyroid/Parathyroid Scan
<input type="checkbox"/> Metabolic-Digestive Profile	<input type="checkbox"/> Kidney/Bladder Scan	<input type="checkbox"/> Nosodes
<input type="checkbox"/> Non Linear Scan	<input type="checkbox"/> Large/Small Intestine Scan	<input type="checkbox"/> Nosodes Male Specific
<input type="checkbox"/> Pet Protocol	<input type="checkbox"/> Liver/Gallbladder Scan	<input type="checkbox"/> Nosodes Female Specific
<input type="checkbox"/> Pediatric Protocol	<input type="checkbox"/> Lung Scan	<input type="checkbox"/> Sarcodes
<input type="checkbox"/> Rife Frequencies	<input type="checkbox"/> Ovary/Uterus Scan	<input type="checkbox"/> Sarcodes Male Specific
<input type="checkbox"/> Weight Loss Scan	<input type="checkbox"/> Pancreas Scan	<input type="checkbox"/> Sarcodes Female Specific

Requisition Practitioner