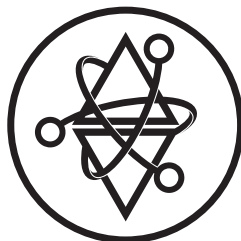


Health Form

Bioresonance Scan

Remember to enclose a small sample of hair or fingernails!
(Approx 10 hairs, 1 cm length minimum)



Date

Philippa Harvey

Integrative Healthcare

Contact

First name		Last name		Title
Address				
Post code	City		Country	
Phone		Mobile	Email	

Personal

Date of birth		Place of birth: Town and Country		
Male	Female	Height	Weight	
Occupation			GP-name (if known)	

Notes

Brief medical history (if any)	Max 800-characters
Primary reason for test (if any)	Max 800-characters

Choose Test

- | | |
|--------------------------------------|-----------------------|
| Non-food Allergens 65 € | Fertility Health 70 € |
| Dairy and Lactose Intolerance 45 € | Complete Health 280 € |
| Wheat and Gluten Intolerance 45 € | Full Food 120 € |
| Irritable Bowel Syndrome Food 65 € | Weight Loss Food 85 € |
| Anti-aging Vitamin and Cellular 70 € | Custom made test* |

Enter agreed price

* For Custom made test contact us for price

**Please send the completed form and hair sample to:
Harvey Health Services, Calle Dr. Salcedo 15, 03430 Onil (Alicante), Spain**

For further information contact info@philippaharvey.com or visit philippaharvey.com

With the requirements of the Data Protection Acts 1988 & 2018, under which personal data is obtained for the specified purpose of running a BIORESONANCE scan, this information will not be disclosed to any third party except in a manner compatible with that purpose. The data will be collected and stored in a secure database. By accepting this document you offer your consent for the storage and use of your personal data. You may send an e.mail at any time requiring the deletion of all personal data.

Payment details

PayPal
paypal.me/HarveyHealthServices

Bank transfer
ES41 2100 9439 1522 0036 1221
BIC/Swift code:

Bizum (Spain)
661 005 631

Please always put in your name and Bioresonance test in concept

Total amount €	(IVA included)
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The price should summarize automatic, if not, do it manually