

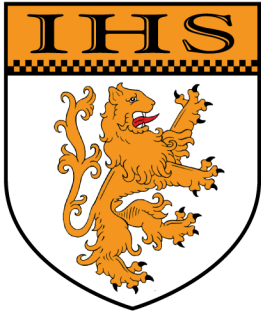
**IHS ADVANCED RESONANCE ANALYSIS FORM
(For Research Purposes Only)**

www.onecellonelightradio.wordpress.com

H Staninger ©2009 Revised March 2016

Directions: Enclosed you will find Detox Foot Patches, or another similar sampling medium. See literature. Apply a single patch to the base of your foot or a single patch to the lower spine or tail bone area prior to going to bed. After the pad has become moist or changed color (absorbed toxins), place it in a clean zip lock plastic bag. Also, place a sample of your hair in a small zip lock bag or small white envelope (supplied in kit). **Write your name and date on the outside.** Mail specimen(s) back to the following address with check or credit card information for analysis. If you are not comfortable mailing your card information, please feel free to call our office at the number provided below and give us the information over the phone.

All Professional Services and Fees Are Final and Non-Refundable.



Fee Schedule Note: Pricing maybe subject to change

<i>Initial Comprehensive</i>	\$ 520
<i>Regular Venom</i>	\$ 395
<i>FoxM1 Protein</i>	\$ 250
<i>DT Tomato</i>	\$ 250
<i>Advanced Nano Cell and Genes</i>	\$ 250
<i>Comprehensive Initial Report</i>	\$ 350
<i>All Other Reports (each)</i>	\$ 125

Consultation with Industrial Toxicologist

<i>30 minute</i>	\$ 100
<i>1 Hour</i>	\$ 350

Shipping & Handling for Kit or Report \$ 10.00 Each

IHS Advanced Resonance Analysis (ARA) will include DOT (402 chemicals), US EPA Priority Pollutants (350 chemicals), Advanced Nanomaterials, KD-Proteins and other parameters. The analysis can be for as many as 100,000 known compounds when custom specialty analysis is performed.* This form of analysis is ideal for individuals with a limited budget. ARS is a fast and economical industrial hygiene bulk analysis monitoring tool that utilizes bioenergetics, when the individual who may be exposed needs to establish a baseline for toxicological purposes of exposure record and does not know where to begin in chemical detection.

CREDIT CARD PAYMENT (Please Print Legibly)

Which card will you be using?

Circle One:



Billing Information:

Name on Card: _____

Billing Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Card Number: _____ Signature: _____

Expiration Month: _____ Expiration Year: _____ Three Digit Security Code: _____

Shipping Information if Different from Billing:

Name _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Email: _____ Fax: _____

For Credit Card Orders Call: 323-466-2599 or Fax this document to: 323-466-2774

or Email this document to: ihs-drhildy@sbcglobal.net

Make check or money order out to: Integrative Health Systems @, LLC., 415 ¼ N. Larchmont Blvd., Los Angeles, California 90004