



**TRACE ELEMENTS, INC.**

4501 Sunbelt Drive · Addison, Tx · 75001 · U.S.A.

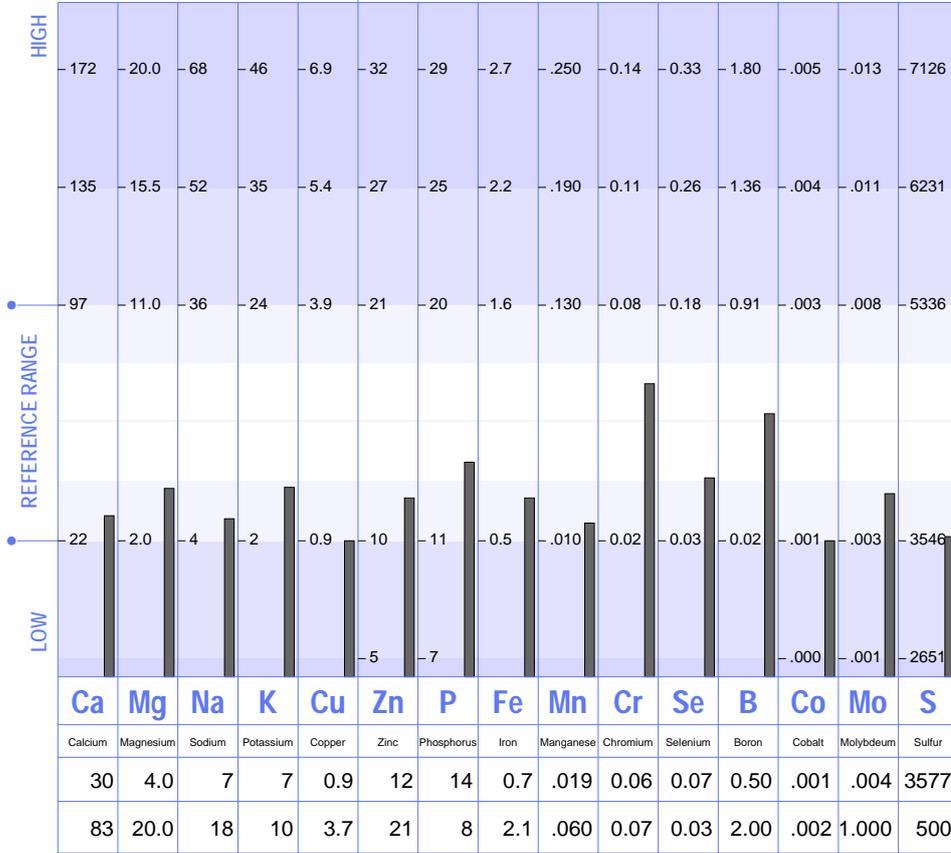
LABORATORY NO.: 2

PROFILE NO.: 3      SAMPLE TYPE: SCALP

PATIENT: MICHAEL, SAMPLE      AGE: 52      SEX: M      METABOLIC TYPE: FAST 4

REQUESTED BY: JONES      ACCOUNT NO.: 007      DATE: 10/23/2000

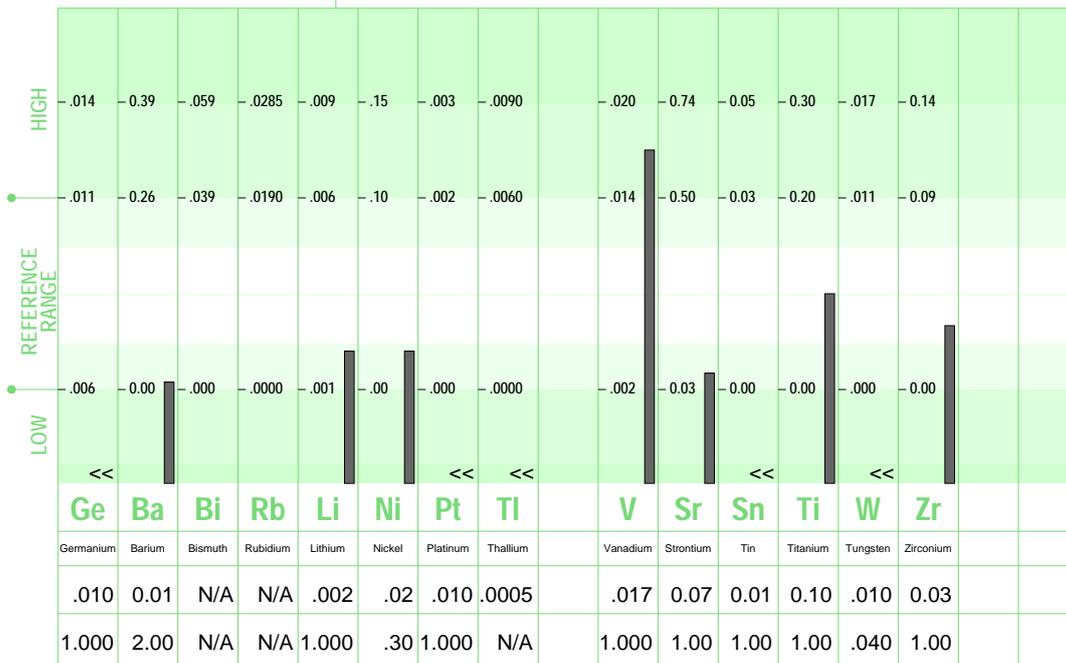
**NUTRITIONAL ELEMENTS**



**TOXIC ELEMENTS**



**ADDITIONAL ELEMENTS**



"<<": Below Calibration Limit; Value Given Is Calibration Limit

"QNS": Sample Size Was Inadequate For Analysis.

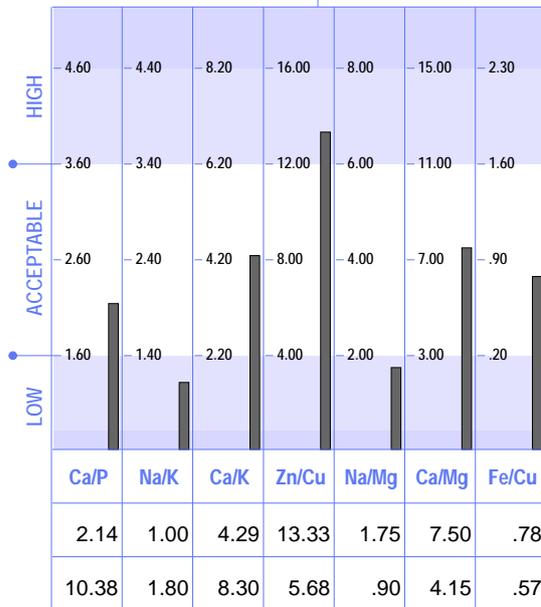
"N/A": Currently Not Available

Ideal Levels And Interpretation Have Been Based On Hair Samples Obtained From The Mid-Parietal To The Occipital Region Of The Scalp.

Laboratory Analysis Provided by Trace Elements, Inc., an H. S. Licensed Clinical Laboratory. FNo. 45 D0481787

10/23/2000  
CURRENT TEST RESULTS  
9/20/1999  
PREVIOUS TEST RESULTS

## SIGNIFICANT RATIOS



## TOXIC RATIOS



## ADDITIONAL RATIOS

RATIO	CALCULATED VALUE		EXPECTED
	Current	Previous	
Ca/Sr	428.57	83.00	131/1
Cr/V	3.53	.07	13/1
Cu/Mo	225.00	3.70	625/1
Fe/Co	700.00	1050.00	440/1
K/Co	7000.00	5000.00	2000/1
K/Li	3500.00	10.00	2500/1
Mg/B	8.00	10.00	40/1
S/Cu	3974.44	135.14	1138/1
Se/Tl	140.00	N/A	37/1
Se/Sn	7.00	.03	0.67/1
Zn/Sn	1200.00	21.00	167/1

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## LEVELS

All mineral levels are reported in milligrams percent (milligrams per one-hundred grams of hair). One milligram percent (mg%) is equal to ten parts per million (ppm).

### NUTRITIONAL ELEMENTS

Extensively studied, the nutrient elements have been well defined and are considered essential for many biological functions in the human body. They play key roles in such metabolic processes as muscular activity, endocrine function, reproduction, skeletal integrity and overall development.

### TOXIC ELEMENTS

The toxic elements or "heavy metals" are well-known for their interference upon normal biochemical function. They are commonly found in the environment and therefore are present to some degree, in all biological systems. However, these metals clearly pose a concern for toxicity when accumulation occurs to excess.

### ADDITIONAL ELEMENTS

These elements are considered as possibly essential by the human body. Additional studies are being conducted to better define their requirements and amounts needed.

## RATIOS

A calculated comparison of two elements to each other is called a ratio. To calculate a ratio value, the first mineral level is divided by the second mineral level.

EXAMPLE: A sodium (Na) test level of 24 mg% divided by a potassium (K) level of 10 mg% equals a Na/K ratio of 2.4 to 1.

### SIGNIFICANT RATIOS

If the synergistic relationship (or ratio) between certain minerals in the body is disturbed, studies show that normal biological functions and metabolic activity can be adversely affected. Even at extremely low concentrations, the synergistic and/or antagonistic relationships between minerals still exist, which can indirectly affect metabolism.

### TOXIC RATIOS

It is important to note that individuals with elevated toxic levels may not always exhibit clinical symptoms associated with those particular toxic minerals. However, research has shown that toxic minerals can also produce an antagonistic effect on various essential minerals eventually leading to disturbances in their metabolic utilization.

### ADDITIONAL RATIOS

These ratios are being reported solely for the purpose of gathering research data. This information will then be used to help the attending health-care professional in evaluating their impact upon health.

## REFERENCE RANGES

Generally, reference ranges should be considered as guidelines for comparison with the reported test values. These reference ranges have been statistically established from studying an international population of "healthy" individuals.

Important Note: The reference ranges should not be considered as absolute limits for determining deficiency, toxicity or acceptance.

## HAIR TISSUE MINERAL ANALYSIS (HTMA) RE-EVALUATION

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The retest analysis is a follow-up evaluation of progress that has taken place since the previous laboratory test. This interpretation will discuss any significant changes that may have occurred in nutritional mineral status during this time. In doing so, the analysis will help to determine if modifications should be recommended. These modifications may be based upon changes in mineral status, presenting symptoms, and other clinical data supplied by the attending health-care professional.

*The laboratory test results and the comprehensive report that follows should not be construed as diagnostic. This analysis is provided only as an additional source of information to the health-care professional.*

## METABOLIC TYPE

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This section of the report will discuss the metabolic profile, which is based on research conducted by Dr. D. L. Watts. Each classification is established by evaluating the tissue mineral results and determining the degree to which the minerals may be associated with a stimulating and/or inhibiting effect upon the main "energy producing" endocrine glands. These glands regulate nutrient absorption, excretion, metabolic utilization, and incorporation into the tissues of the body: the skin, organs, bone, hair, and nails. How efficiently each nutrient is utilized depends largely upon proper functioning of the endocrine glands.

### FAST METABOLISM

The patient's "Metabolic" classification has changed from "Slow" to "Fast". This change may be the result of any one or a combination of the following factors;

- \* Increase in adrenal cortical activity.
- \* Improved phosphorus retention and protein utilization.
- \* Increase in stress, either physical or emotional.
- \* Toxic metal removal, (Toxic metal elimination can temporarily increase the metabolic rate, due to their stimulatory effects).

## NUTRIENT MINERAL LEVELS

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This section of the report will discuss those nutritionally significant elements that reveal moderate or substantial deviations from normal and that may also possibly reflect a clinically significant change since the previous evaluation.

### NOTE:

For those elements whose levels are within the normal range, it should be noted that nutritional status is also dependent upon their critical balance with other essential nutrients. If applicable, discussion regarding their involvement in metabolism may be found in the ratio section(s) of this report.

### MANGANESE (Mn)

A further reduction of manganese may reflect a diminished capability to metabolize carbohydrates efficiently.

### SELENIUM (Se)

The selenium level has improved. This may indicate a reduction in cellular oxidative damage as well as improved selenium utilization.

### BARIUM (Ba)

Your barium tissue level has decreased to 0.01 mg%. A reduction of this magnitude may be indicative of decreased exposure to this element, and should be considered an improvement

since barium has been found to be associated with cardiac irregularities.

#### **LITHIUM (Li)**

Your lithium level has decreased to a level of 0.002 mg%. This reduction should be considered an improvement, and which should result in decreased tendencies toward symptoms associated with excess lithium accumulation, such as;

Increased Urination	Increased Thirst
Blood Sugar Disturbances	Alkalinity of the Urine
Hair Loss	Osteoporosis
Hypercalcuria	Leukocytosis

#### **NICKEL (Ni)**

Nickel has decreased from the previous level. Since nickel is closely associated with allergic dermatitis, this reduction may result in an improvement in tendencies toward some related skin conditions.

#### **PLATINUM (Pt)**

Your platinum level of 0.01 mg% is above the established reference range for this element. Significance of elevated platinum has not yet been documented in humans. Sources of platinum are largely from mining, catalytic converters and jewelry making.

#### **STRONTIUM (Sr)**

Your strontium level of 0.07 mg% has decreased significantly since the previous evaluation. A decrease of this magnitude is indicative of a reduction in exposure or intake of this element, which should be considered an improvement. Currently there is no known function of strontium in biological systems.

#### **TIN (Sn)**

Your tin level has decreased significantly since the previous evaluation. A decrease of this magnitude is indicative of an improvement in tin's previous adverse capability to interfere with iron metabolism. Additionally, previous tin levels had indicated a potential toward antagonizing selenium and zinc utilization, which should now be improved.

#### **TITANIUM (Ti)**

The titanium level has decreased since the previous analysis and is now within the normal reference range.

#### **TUNGSTEN (W)**

The tungsten level has decreased since the previous analysis and is now within the normal reference range.

#### **ZIRCONIUM (Zr)**

Your zirconium level has decreased significantly to 0.03 mg%. A reduction of this magnitude is indicative of a decrease in exposure to this element, which should be considered an improvement. However, since zirconium has not yet been recognized as an essential element, and deficiency signs and conditions have not been defined, the clinical significance of a low zirconium level cannot be ascertained at this time.

## **NUTRIENT MINERAL RATIOS**

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Continuing research indicates that metabolic dysfunction occur not necessarily as a result of a deficiency or excess of a particular mineral level, but more frequently from an abnormal balance (ratio) between the minerals. Due to this complex interrelationship between the minerals, it is extremely important that imbalances be determined. Once recognized, corrective therapy may then be employed to help re-establish a normal biochemical balance.

NOTE: The "Nutritional Graphic" developed by researchers at Trace Elements, and presented on the cover of this report displays the antagonistic relationships between the significant nutrients, including the elements (arrows indicate antagonistic effect upon absorption and retention).

#### **CALCIUM/PHOSPHORUS (Ca/P) RATIO**

The tissue calcium level has decreased in relation to phosphorus since the previous evaluation (calcium level decreased and/or phosphorus level increased). This profile is frequently indicative of a lack of efficient calcium utilization or a possible calcium loss. Such a loss can be exacerbated by increases in the metabolic rate, increased stress or toxic metal elimination, which can temporarily interfere with normal calcium metabolism.

#### **SODIUM/POTASSIUM (Na/K) RATIO**

An imbalance in the sodium-to-potassium relationship represents a possible imbalance in adrenal hormone production. If this pattern remains chronic, it may give rise to the following associated conditions:

Fatigue	Depression
Withdrawal	Allergies

#### **SODIUM/MAGNESIUM (Na/Mg) RATIO**

This ratio is below the normal range. The adrenal glands play an essential role in regulating sodium retention and excretion. Studies have shown that magnesium will affect adrenal cortical activity and response, and reduced adrenal activity results in increased magnesium retention. This current sodium/magnesium profile is indicative of low adrenal cortical function. An increased tendency toward one or more of the following conditions may exist.

Fatigue	Constipation
Dry Skin	

## **TOXIC METALS**

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Upon exposure, and eventual distribution of heavy metals by the body into different soft tissue storage sites, some heavy metals can accumulate in nerve tissues, including the brain. As central nervous system toxins, they can adversely affect nerve conduction, neuro-transmitters, and neurological tissue, by interfering with normal enzymes and cellular metabolic functions, as well as contributing to free radical production.

Toxic metals will often increase and/or decrease from a previous test. A significant increase or decrease in the level of a specific heavy metal usually indicates a removal of that metal from the body via the eliminative organs. The detoxification program is a fluctuating process in which the body mobilizes the metal from the soft tissue (brain, kidneys, liver, skin, etc...), and then eliminates that metal in graduated steps. Depending upon the levels of accumulation, the elements involved, and the overall biochemical pattern, the process can be a gradual release or it can be relatively quick. However, usually the slower the release, the less discomfort there will be, as the body's excretory organs are then not overloaded.

AN ELIMINATION OF ANY OF THE TOXIC HEAVY METALS MAY PRECIPITATE A TEMPORARY FLARE-UP OF SYMPTOMS THAT ARE ASSOCIATED WITH THE HEAVY METAL THAT IS BEING ELIMINATED. THE DISCOMFORT, IF ANY, WILL ONLY BE TEMPORARY AND WILL DIMINISH AS THE MOBILIZATION AND ELIMINATION PROCESS DECREASES.

#### **ANTIMONY (Sb) MODERATELY ELEVATED**

Antimony is a constituent of fire retardants used in clothing, bedding and other materials. Older plastic mattress and pillow covers (polyvinylchloride PVC) could give off antimony compounds as well, thereby contributing to an artificial elevation of antimony in the hair. Although the antimony level may be moderately elevated in comparison to the population in general, it should not be considered as clinically significant at this time.

**Arsenic (As)**

Your arsenic level has decreased to 0.013 mg%, which is within the established reference range for this toxic element. This reduction is most likely indicative of a decrease in exposure to this heavy metal, and which should be considered a necessary improvement in reducing the potential of adverse effects from this toxin.

**SOME SOURCES OF ARSENIC**

Arsenic has been found high in seafood obtained from coastal waters, particularly shrimp, oysters, and mussels. Other sources include arsenic rich soils, herbicides, arsenic containing insect sprays, burning of arsenate treated building materials in fireplaces, coal combustion, and smelters.

**MERCURY (Hg) LEVEL IS WITHIN THE CAUTIONARY RANGE**

The following are some fairly common sources of mercury:

Medications (some)	Electronics Industry
Diuretics (some)	Water Based Paints
Calomel Laxatives	Germicides (some)
Pesticides (some)	Battery Manufacturing
Dental Preparations	Fungicides (some)
Bleaching Skin Creams (some)	Dark Room Photography
Burning of treated industrial building materials	
Contaminated Fish	

**CADMIUM (Cd)**

This retest reveals a decrease in the cadmium level since the previous evaluation. This change in cadmium status frequently indicates that the body is currently capable of mobilizing and removing this heavy metal via the normal pathways of elimination, the kidneys and liver. This profile, additionally reflects an improvement in any tendencies toward the following excess cadmium-related conditions:

Zinc Deficiency	Bone Pain
Hypertension	Kidney Disturbance

**IMPORTANT NOTE**

ELIMINATION OF CADMIUM FROM THE BODY CAN OFTEN PRODUCE FLU-LIKE SYMPTOMS AND BONE PAIN.

**NOTE:**

At this time, further confirmation of toxic metal exposure using a blood test may or may not reveal an elevated level. This is due to the protective response of the body, in which following a toxic metal exposure, the element is sequestered from the blood and stored in various other tissues. Therefore, if the exposure is not ongoing or chronic, elevated blood levels may not be present.

**TOXIC METAL RATIOS**

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Every person is exposed to toxic metals to some degree. The retention of these toxic metals, however, is dependent upon the individual's susceptibility. The balance of the protective nutrient minerals within the body in relation to the heavy metals can frequently be the determining factor to this susceptibility. As an example, the accumulation of lead will have a more detrimental effect upon body chemistry when sufficient levels of calcium and iron are not available. By examining the toxic metal levels in relation to the protective minerals, the extent to which the heavy metals may be involved in abnormal chemistry can frequently be seen.

**IRON-TO-MERCURY (Fe/Hg) RATIO**

Iron has decreased in relation to the mercury level. If this pattern continues, mercury may interfere with iron metabolism, contributing to anemia and other conditions associated with mercury.

**SELENIUM/MERCURY (Se/Hg) RATIO**

Mercury, a toxic metal causes increased oxidative damage to cells. Selenium is known to protect tissues against these adverse affects by binding with mercury, thereby, rendering it less damaging. At this time, a low selenium-to-mercury ratio may be indicative of increased free radical production.

#### **ZINC-TO-MERCURY (Zn/Hg) RATIO**

The tissue zinc level is low relative to mercury. As long as the zinc-to-mercury ratio is lower than the ideal, a potentially toxic condition will continue to exist.

#### **SULFUR AND HEAVY METALS:**

The absorption and retention of toxic metals, such as; cadmium, lead and mercury, are enhanced in the presence of a protein deficiency, particularly the sulfur compounds. Sulfur is known to protect cells from the toxic effects of heavy metals, such as enzyme inhibition and excessive free-radical production. Although the current sulfur level is above normal, one or more of the heavy metal sulfur ratios (S/Hg, S/Cd, S/Pb) suggests a need for increased protein intake at this time. Foods high in sulfur amino acids include, animal protein, fish, poultry and garlic.

## **DIETARY SUGGESTIONS**

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The following dietary suggestions are defined by several factors: the individual's mineral levels, ratios and metabolic type, as well as the nutrient value of each food including protein, carbohydrate, fat, and vitamin and mineral content. Based upon these determinations, it may be suggested that foods be avoided or increased temporarily in the diet to aid in the improvement of your biochemistry.

#### **GENERAL DIETARY GUIDELINES FOR THE FAST METABOLIZER**

- \* **INCREASE INTAKE OF HIGH PURINE PROTEIN FOODS...**High purine protein sources include, liver, kidney and heart. Other good sources include sardines, tuna, clams, crab, lobster and oysters. Unless notified otherwise, high purine and moderate purine protein intake should constitute approximately 33% of total daily caloric intake.
- \* **INCREASE INTAKE OF MILK AND MILK PRODUCTS..**such as cheese, yogurt, cream, butter (unsalted). Increase intake of nuts and seeds such as almonds, walnuts, peanuts, peanut butter and sunflower seeds. Foods high in fat unless notified otherwise should constitute approximately 33% of total daily caloric intake.
- \* **REDUCE CARBOHYDRATE INTAKE...**including unrefined carbohydrates. Sources such as cereals, whole grains and whole grain products are contraindicated for frequent consumption until the next evaluation. Carbohydrate intake in the form of unrefined carbohydrates should be approximately 33% of total daily caloric intake.
- \* **AVOID ALL SUGARS AND REFINED CARBOHYDRATES...**This includes white and brown sugar, honey, candy, soda pop, cake, pastries, alcohol and white bread.

#### **FOOD ALLERGIES**

In some individuals, certain foods can produce a maladaptive or "allergic-like" reaction commonly called "food allergies". Consumption of foods that one is sensitive to can bring about reactions ranging from drowsiness to hyperactivity in children, itching and rashes, headaches, high-blood pressure and arthritic pain.

Sensitivity to foods can develop due to biochemical (nutritional) imbalances, and which can be aggravated by stress, pollution and medications. Nutritional imbalance can further be contributed to by restricting food variety, such as eating only a small group of foods on a daily basis. Often a person will develop a craving for the food they are most sensitive to and may eat the same food or food group more than once a day.

The following section may contain foods that are recommended to be avoided. These foods should be considered as potential "allergy foods", or as foods that may impede a rapid and

effective reponse. Consumption of these foods should be avoided completely for four days. Afterwhich, they should not be eaten more frequently than once every three days during course of therapy.

### **FOOD ALLERGIES AND HISTAMINE PRODUCTION**

Some foods may stimulate histamine release in certain metabolic types and contribute to respiratory-type allergy reactions. These foods are contraindicated at this time, and should be reduced until the next evaluation.

Chocolate	Rhubarb
Eggplant	Apples
Spinach	Cocoa
Black Tea	Concord Grapes
Chard	Strawberries
Pecans	Wheat Germ
Beets	Parsley
Collards	

### **HIGH COPPER FOODS TO INCREASE IN THE DIET**

The following foods are good sources of dietary copper. If desired, these foods may be increased in the diet until the next evaluation.

Cod	Lobster
Brazil Nuts	Mushrooms
Pecans	Crab
Hazelnuts	Almonds
Pistachio Nuts	Sesame Seeds
Sunflower Seeds	Walnuts
Duck	Liver

### **AMINO ACIDS THAT IMPROVE CALCIUM ABSORPTION**

Calcium absorption is greatly enhanced when the diet is high in the amino acids, lysine, arginine and histadine. These proteins also help to reduce acidity of the tissues. Both effects are favorable for the fast metabolizer, therefore addition of any of the following foods to the diet is recommended at this time:

Lima Beans	Salami
Garbanzo Beans	Sausage (lean)
Rumproast	Lamb
Skim Milk	Smelt
Beef Stew	Vegetable Stew
Cottage Cheese	Canadian bacon
Spare Ribs	Peanuts
Lentils	Bass
Flounder	Heart
Cod	Chuck Roast
Ham	Liverwurst

### **SPECIAL NOTE**

This report contains only a limited number of foods to avoid or to increase in the diet. FOR THOSE FOODS NOT SPECIFICALLY INCLUDED IN THIS SECTION, CONTINUED CONSUMPTION ON A MODERATE BASIS IS ACCEPTABLE UNLESS RECOMMENDED OTHERWISE BY YOUR DOCTOR. Under some circumstances, dietary recommendations may list the same food item in the "TO EAT" and the "TO AVOID" categories at the same time. In these rare cases, always follow the avoid recommendation.

## **CONCLUSION**

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This report can provide a unique insight into nutritional biochemistry. The recommendations contained within are specifically designed according to metabolic type, mineral status, age, and sex. Additional recommendations may be based upon other supporting clinical data as determined by the attending health-care professional.

The purpose of this program is to re-establish a normal balance of body chemistry through individually designed dietary and supplement suggestions. Although this re-evaluation does show an improvement in some areas, it also reveals a lack of improvements in others. To progress further and to realize additional benefits, the following factors should be taken into consideration:

**DIETARY HABITS:**

Maintain a balanced diet, while avoiding foods that may interfere with vitamin and mineral metabolism (highly refined foods, sugar, excessive alcohol intake, fad diets, etc.) More importantly, for those individual's with elevated toxic metals, it is stressed that intake of quality protein be adequate, as removal is accomplished by the attachment of proteins to the heavy metal for transport to the elimination organs.

**NUTRITIONAL SUPPLEMENTS:**

It is important that you comply as closely as possible to your health-care professional's recommendations pertaining to supplement suggestions. Additionally, it is vital that you inform your health-care professional of other supplements and medications that you may be taking at this time. This will allow for modifications to be made in the event of known nutritional conflicts and antagonisms that will hinder results while on this re-balancing program.

**REST AND EXERCISE:**

Obtain adequate rest and maintain a moderate exercise regime for continued improvements.

**PROLONGED STRESS:**

Research has shown that prolonged stress can be a major deterrent to good health. Be aware of stressful situations (physical or emotional) in order to recognize and avoid their adverse effects.



## DIET SUMMARY PAGE

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This page may be removed from the HTMA Report and used as a quick-reference dietary guide. As this is solely a summary page, please refer to the dietary portion of the report to obtain more detailed information on why a particular food item is listed in the "Foods To Avoid" or "Foods That May Be Increased" section. For those foods that are not specifically mentioned below, continued consumption on a moderate basis is acceptable unless recommended otherwise by the attending healthcare professional.

### FOODS TO AVOID UNTIL THE NEXT EVALUATION

Alcohol	Apples	Beets
Bread - White	Cakes	Candy
Chard	Chocolate	Cocoa
Collards	Eggplant	Grapes - Concord
Honey	Parsley	Pecans
Rhubarb	Soda	Spinach
Strawberries	Sugar	Tea - Black
Wheat Germ		

### FOODS THAT MAY BE INCREASED IN THE DIET

Almonds	Bacon - Canadian	Bass
Beans - Garbanzo	Beans - Lima	Beef - Stew
Brazil Nuts	Cheese - Cottage	Cheese - Monterey
Cheese - Mozzarella	Cheese - Swiss	Clams
Cod	Crab	Cream
Duck	Flounder - Baked	Ham
Hazelnuts	Lamb	Lentils
Liverwurst	Lobster	Milk - Skim
Milk - Whole	Mushrooms	Oysters
Peanuts	Peas	Pistachio Nuts
Roast - Chuck	Roast - Rump	Salami
Sausage - Lean	Sesame Seeds	Smelt
Sunflower Seeds	Tuna	Vegetable Stew
Walnuts	Yogurt	

THE FOLLOWING RECOMMENDATIONS SHOULD BE TAKEN ONLY WITH MEALS IN ORDER TO INCREASE ABSORPTION AND TO AVOID STOMACH DISCOMFORT.

RECOMMENDATION	AM	NOON	PM
SYM-PACK (Metabolic Support)	1	0	1
THYMUS COMPLEX (Glandular Support)	0	0	1
MIN-PLEX B (Magnesium + Chromium + B6)	1	1	1
COPPER PLUS	1	1	1
DIGEST-ZYME (Digestive Support)	1	1	1
VITAMIN E PLUS	1	1	1

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THESE RECOMMENDATIONS MAY NOT INCLUDE MINERALS WHICH APPEAR BELOW NORMAL OR IN TURN MAY RECOMMEND MINERALS WHICH APPEAR ABOVE NORMAL ON THE HTMA GRAPH. THIS IS NOT AN OVERSIGHT. SPECIFIC MINERALS WILL INTERACT WITH OTHER MINERALS TO RAISE OR LOWER TISSUE MINERAL LEVELS, AND THIS PROGRAM IS DESIGNED TO BALANCE THE PATIENT'S MINERAL LEVELS THROUGH THESE INTERACTIONS.

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THESE RECOMMENDATIONS SHOULD NOT BE TAKEN OVER A PROLONGED PERIOD OF TIME WITHOUT OBTAINING A RE-EVALUATION. THIS IS NECESSARY IN ORDER TO MONITOR PROGRESS AND MAKE THE NECESSARY CHANGES IN THE NUTRITIONAL RECOMMENDATIONS AS REQUIRED.

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SPECIAL NOTE: NUTRITIONAL SUPPLEMENTS DO NOT TAKE THE PLACE OF A GOOD DIET. THEY ARE BUT AN ADDITIONAL SOURCE OF NUTRIENTS, AND THEREFORE, MUST NOT BE SUBSTITUTED FOR A BALANCED DIET. ADDITIONALLY, NUTRITIONAL SUPPLEMENTS SHOULD NEVER BE TAKEN AT THE SAME TIME AS MEDICATIONS. MEDICATIONS SHOULD BE TAKEN 2 HOURS PRIOR TO, OR 2 HOURS AFTER NUTRITIONAL SUPPLEMENT INTAKE.

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10/23/2000

PATIENT: ,

LABORATORY # : 2  
 PATIENT : MICHAEL, SAMPLE  
 REQUESTED BY : JONES  
 ACCOUNT : 007

**30 Day Program**

#	Product Name	Item	Price	Extention
1	SYM-PACK	205	\$14.40	\$14.40
1	THYMUS COMPLEX	215	\$11.10	\$11.10
1	MIN-PLEX B	802	\$15.30	\$15.30
1	COPPER PLUS	241	\$7.20	\$7.20
1	DIGEST-ZYME	252	\$11.60	\$11.60
1	VITAMIN E PLUS	311-B	\$20.90	\$20.90

**60 Day Program**

#	Product Name	Item	Price	Extention
1	SYM-PACK	205-B	\$26.40	\$26.40
1	THYMUS COMPLEX	215	\$11.10	\$11.10
1	MIN-PLEX B	802-B	\$29.10	\$29.10
2	COPPER PLUS	241	\$7.20	\$14.40
1	DIGEST-ZYME	252-B	\$21.90	\$21.90
1	VITAMIN E PLUS	311-B	\$20.90	\$20.90
1	VITAMIN E PLUS	311	\$11.00	\$11.00

30 Day Total : \$80.50

60 Day Total : \$134.80

**90 Day Program**

#	Product Name	Item	Price	Extention
1	SYM-PACK	205-B	\$26.40	\$26.40
1	THYMUS COMPLEX	215	\$11.10	\$11.10
1	MIN-PLEX B	802-B	\$29.10	\$29.10
1	MIN-PLEX B	802	\$15.30	\$15.30
3	COPPER PLUS	241	\$7.20	\$21.60
1	DIGEST-ZYME	252-B	\$21.90	\$21.90
1	DIGEST-ZYME	252	\$11.60	\$11.60
2	VITAMIN E PLUS	311-B	\$20.90	\$41.80
1	VITAMIN E PLUS	311	\$11.00	\$11.00

**120 Day Program**

#	Product Name	Item	Price	Extention
1	SYM-PACK	205-B	\$26.40	\$26.40
1	SYM-PACK	205	\$14.40	\$14.40
1	THYMUS COMPLEX	215-B	\$20.80	\$20.80
2	MIN-PLEX B	802-B	\$29.10	\$58.20
4	COPPER PLUS	241	\$7.20	\$28.80
2	DIGEST-ZYME	252-B	\$21.90	\$43.80
3	VITAMIN E PLUS	311-B	\$20.90	\$62.70

90 Day Total : \$189.80

120 Day Total : \$255.10