Consultations = Educational Interview + Iridology + Comprehensive Wellness Profile (Blood Lab)

Please read carefully and completely!!

1. ____***Complete*** the enclosed forms and ***sign where indicated.***
   CWP Blood Labs can only be ordered with ***all*** forms completed ***and*** signed.
   (The additional Health Self-Assessment forms should be complete and submitted with payment.)

2. ____**Return completed pages with payment to:** **Sunshine Specialties Inc**
   601 Newton St, Jasper, Indiana 47546

3. ____Fees are paid in advance and are 100% NON-refundable.
   Payment to **Sunshine Specialties** must accompany forms: cash, check, Discover, Visa, M/card, Amex
   See attached order form for prices.
   If you do not know your blood type, on the first consult, order CWP + Mag + ABO typing.

4. ____ IF you are only requesting consultation WITHOUT blood labs,
   please complete all forms and submit with payment.
   Quizzes may be completed online, or printed and completed on paper.
   An appointment will be scheduled for you.
   (Please skip to #7 if not ordering a blood draw.)

5. ____ Sunshine will order lab request upon receipt of forms and payment.
   You will receive a set of lab draw orders by mail, within 3 to 7 days.
   Forms expire 30 days from purchase, so plan your blood draw as soon as they are received!
   No appointment necessary for blood draw, but **you must take lab draw forms that came in the mail.**
   You cannot take this form to a hospital or doctor as tests paid through Sunshine are drawn only by Lab-Corp affiliates. Find a LAB-CORP draw center attached or see www.labcorp.com & enter zip code.

6. ____Once lab draw orders are received, decide which morning to have blood drawn.
   Please follow these preparations for accurate results:
   24 hours before blood draw, stop non-essential supplements & medicines (keep taking any insulin)
   12 hours before blood draw, stop eating food. Please continue to drink water!
   The morning of blood draw, please drink 8-12 ounces of water before arriving at the lab.
   Give your blood specimens at the lab.
   Call 482-7868 and let us know you have completed the lab draw (Labcorp will send us results).
   If you ordered labs yourself, please deliver a copy of lab results in person, mail or email.
   Sunshine will return your call within a few days to schedule a consult appointment within 4-6 weeks.
   While this is usually an in-office appointment, we can arrange for phone or e-mail consultations also.

7. ____ **Please note, there is no way to rush this process.**
   From payment to analysis usually takes between 21 and 60 days,
   depending on mail time, when blood is drawn and appointment scheduling.
   This is a health education service, not an emergency service.

   Please call 812-482-7868 with questions, and thank you.

Client information is held within strictest confidentiality.
Sunshine Specialties Inc reserves the right to refuse service to anyone.
812-482-7868; 601 Newton Street; Jasper, Indiana 47546
Prices and availability subject to change without notice. Effective 08/01/2015.

ORDER and PAYMENT FORM

I am aware that I may make all decisions relating to my health care, no matter how large or small that decision. I want personal education and blood tests performed before my next visit with a doctor.

Client Name:_____
Client Date of Birth (MM/DD/YY) _____ **Phone**_____
Billing Location_____
City / State / Zip_____

I declare that I hold Sunshine Specialties Inc harmless in all events that may arise from drawing, transporting and testing my blood that I desire to have done, by my own free will for my knowledge, education, health and research purposes. In witness whereof, I affix my original signature.

CLIENT SIGNATURE_____
Parent or Guardian if under 18, please print name here: _____

I wish to order the following services (Lab prices include consult review & one followup):

_____ Consult Only – I am completing all quizzes only, and want no labs. $65 x _____ = $_____

_____ Consult Only – I am self-ordering labs through Direct Labs. $65 x _____ = $_____

_____ Lab: Comprehensive Wellness Profile + Magnesium $195

_____ Lab: Comprehensive Wellness Profile + Magn. + ABO Blood Typing $240

_____ Lab: Family Comprehensive Wellness Profile + Magnesium $155 x _____ = $_____

_____ Lab: Family Comp. Wellness Profile + Magn. + ABO Blood Typing $200 x _____ = $_____
each family member must complete and sign all forms
including this one, with one total payment for all.

_____ Additional Labs Desired _____ please confirm = $_____
_____

_____ I am enclosing $_____ cash for the above services.

_____ I am enclosing $_____ check#_____ for the above services.

_____ Please charge $_____ to my credit card.

___Discover ___Visa ___MasterCard
__ __ __ __ - __ __ __ __ - __ __ __ __ - __ __ __ __ V-Code __ __ __ Expires ___/___

___American Express
__ __ __ __ - __ __ __ __ __ __ - __ __ __ __ __ __ V-Code __ __ __ __ Expires ___/___

Cardholder Signature_____

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Authorization for Release of Medical/Health Information

Patient Name_____
Date of Birth_____

I authorize DLS to release health information electronically (email or fax) or paper to:

Sunshine Specialties Inc / Desiree Yoder / Donna Yoder
Name of person or facility to receive health information

601 Newton St, Jasper IN 47546 **812-482-7868**
Street Address, City, State, Zip **Phone**

INFORMATION TO BE RELEASED

ڤ **Laboratory Report(s) Date of Report**_____

Requisition Number _____

ڤ **Billing Statements**

SIGNATURE

_____ **Date**_____
(Signature of Patient or Patient's legal representative)

Printed Name_____

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