

INSTRUCTIONS: Check *CURRENT* applicable codes ONLY:

PART 5.

- | | | | | | |
|--|--|--|--|---|---|
| <input type="checkbox"/> 501 Acne
<input type="checkbox"/> 705 Addiction
<input type="checkbox"/> 502 Addiction, Alcohol
<input type="checkbox"/> 753 Addiction, Chocolate
<input type="checkbox"/> 717 Addiction, Cigarette
<input type="checkbox"/> 540 Addiction, Drug
<input type="checkbox"/> 648 Aggression
<input type="checkbox"/> 734 AIDS
<input type="checkbox"/> 502 Alcoholism
<input type="checkbox"/> 503 Allergies
<input type="checkbox"/> 504 Alopecia (or
<input type="checkbox"/> 616 Hair Loss or
<input type="checkbox"/> 641 Poor Hair Growth)
<input type="checkbox"/> 770 ALS
<input type="checkbox"/> 760 Alzheimer's Disease
<input type="checkbox"/> 506 Anemia
<input type="checkbox"/> 649 Anger
<input type="checkbox"/> 507 Angina
<input type="checkbox"/> 703 Anorexia
<input type="checkbox"/> 508 Anxiety
<input type="checkbox"/> 509 Arteriosclerosis
<input type="checkbox"/> 683 Arthritis
<input type="checkbox"/> 510 Arthritis, Osteo
<input type="checkbox"/> 687 Arthritis, Psoriatic
<input type="checkbox"/> 511 Arthritis, Rheumatoid
<input type="checkbox"/> 512 Asthma
<input type="checkbox"/> 513 Atherosclerosis
<input type="checkbox"/> 514 Autism
<input type="checkbox"/> 762 Attention Deficit Disorder

<input type="checkbox"/> 651 Back Problems
<input type="checkbox"/> 674 Bad Temper (temper problems)
<input type="checkbox"/> 684 Bed Wetting
<input type="checkbox"/> 515 Behavior Problems
<input type="checkbox"/> 776 Bladder Infection
<input type="checkbox"/> 755 Blood Clots
<input type="checkbox"/> 743 Blurred Vision
<input type="checkbox"/> 701 Boils
<input type="checkbox"/> 714 Breast Lump (lump in breast)
<input type="checkbox"/> 517 Breast Tumor
<input type="checkbox"/> 735 Bronchitis
<input type="checkbox"/> 634 Brown Spots on Skin
<input type="checkbox"/> 765 Bruising
<input type="checkbox"/> 518 Buerger's Disease
<input type="checkbox"/> 756 Burning Feet
<input type="checkbox"/> 519 Bursitis

<input type="checkbox"/> 520 Calculus, Biliary
<input type="checkbox"/> 521 Calculus, Renal
<input type="checkbox"/> 522 Cancer
<input type="checkbox"/> 652 Candida Albicans
<input type="checkbox"/> 766 Canker Sores
<input type="checkbox"/> 523 Cardiac Arrhythmias
<input type="checkbox"/> 524 Cardiovascular Disease
<input type="checkbox"/> 767 Carpal Tunnel
<input type="checkbox"/> 525 Cataracts | <input type="checkbox"/> 526 Celiac Disease
<input type="checkbox"/> 527 Cerebral Palsy
<input type="checkbox"/> 718 Chronic Fatigue Syndrome
<input type="checkbox"/> 717 Cigarette Smoker
<input type="checkbox"/> 528 Cirrhosis of the Liver
<input type="checkbox"/> 529 Colitis
<input type="checkbox"/> 530 Collagen Disease
<input type="checkbox"/> 728 Compulsive Behavior
<input type="checkbox"/> 531 Constipation
<input type="checkbox"/> 532 Coronary Occlusion
<input type="checkbox"/> 618 Craving Sweets
<input type="checkbox"/> 758 Crohn's Disease
<input type="checkbox"/> 533 Cushing's Disease
<input type="checkbox"/> 534 Cystic Fibrosis

<input type="checkbox"/> 615 Dandruff
<input type="checkbox"/> 653 Defensiveness
<input type="checkbox"/> 535 Depression
<input type="checkbox"/> 536 Dermatitis (skin problems)
<input type="checkbox"/> 537 Diabetes
<input type="checkbox"/> 538 Diarrhea
<input type="checkbox"/> 700 Difficulty Taking
Supplements
<input type="checkbox"/> 617 Diminished Growth Rate
<input type="checkbox"/> 539 Diverticulosis
<input type="checkbox"/> 685 Dizziness
<input type="checkbox"/> 540 Drug Addiction
<input type="checkbox"/> 747 Dry Mouth
<input type="checkbox"/> 541 Dyslexia

<input type="checkbox"/> 704 Ear Infection
<input type="checkbox"/> 544 Eczema
<input type="checkbox"/> 545 Edema, Water Retention
<input type="checkbox"/> 654 Emotional Problems (or
emotional instability
or sensitivity)
<input type="checkbox"/> 546 Emphysema
<input type="checkbox"/> 711 Endometriosis
<input type="checkbox"/> 547 Epilepsy
<input type="checkbox"/> 691 Epstein-Barr Syndrome
<input type="checkbox"/> 638 Euphoric (loss of awareness)
<input type="checkbox"/> 655 Exhaustion

<input type="checkbox"/> 548 Fatigue
<input type="checkbox"/> 712 Fever
<input type="checkbox"/> 773 Fibromyalgia
<input type="checkbox"/> 549 Fractures
<input type="checkbox"/> 706 Frequent Urination
<input type="checkbox"/> 725 Fungus Under Nails

<input type="checkbox"/> 707 Gall bladder Problems
<input type="checkbox"/> 748 Gall Stones
<input type="checkbox"/> 731 Gas (indigestion)
<input type="checkbox"/> 656 Gastric Ulcer
<input type="checkbox"/> 550 Gastritis
<input type="checkbox"/> 551 General Good Health | <input type="checkbox"/> 552 Glaucoma
<input type="checkbox"/> 617 Growth Rate, Diminished
<input type="checkbox"/> 593 Growth Rate, Stunted
<input type="checkbox"/> 553 Gout

<input type="checkbox"/> 616 Hair Loss
<input type="checkbox"/> 641 Hair Growth, Poor
<input type="checkbox"/> 695 Headaches
<input type="checkbox"/> 572 Headaches, Migraine
<input type="checkbox"/> 754 Hearing Problems
<input type="checkbox"/> 779 Hemochromatosis
<input type="checkbox"/> 746 Hemorrhoids
<input type="checkbox"/> 724 Hemosiderosis
<input type="checkbox"/> 713 Hepatitis
<input type="checkbox"/> 733 Herpes
<input type="checkbox"/> 558 High Blood Pressure
(hypertension)
<input type="checkbox"/> 723 Hives
<input type="checkbox"/> 763 Hiatal Hernia
<input type="checkbox"/> 769 HIV Positive
<input type="checkbox"/> 554 Hodgkin's Disease
<input type="checkbox"/> 722 Hot Flashes
<input type="checkbox"/> 657 Hostility
<input type="checkbox"/> 710 Hyperactivity
<input type="checkbox"/> 555 Hypercholesterolemia (high
cholesterol)
<input type="checkbox"/> 556 Hyperkinesis
<input type="checkbox"/> 557 Hyperlipidemia
<input type="checkbox"/> 558 Hypertension (high
blood pressure)
<input type="checkbox"/> 559 Hyperthyroidism (over-
active thyroid)
<input type="checkbox"/> 560 Hypoadrenocorticism
<input type="checkbox"/> 561 Hypoglycemia
<input type="checkbox"/> 562 Hypothyroidism (under-
active thyroid)

<input type="checkbox"/> 696 Immune Deficiency
<input type="checkbox"/> 563 Impotence (men only)
<input type="checkbox"/> 731 Indigestion (bloating, gas)
<input type="checkbox"/> 688 Infections
<input type="checkbox"/> 704 Infections, Ear
<input type="checkbox"/> 738 Infection, Respiratory
<input type="checkbox"/> 716 Infections, Yeast
<input type="checkbox"/> 658 Infertility
<input type="checkbox"/> 660 Inflammation
<input type="checkbox"/> 564 Insomnia
<input type="checkbox"/> 774 Irritable Bowel Syndrome
<input type="checkbox"/> 659 Irritability
<input type="checkbox"/> 720 Iritis

<input type="checkbox"/> 759 Joint Pain

<input type="checkbox"/> 721 Keloid Scars
<input type="checkbox"/> 661 Kidney Problems
<input type="checkbox"/> 650 Kidney Stones | <input type="checkbox"/> 699 Lactating Mother
<input type="checkbox"/> 565 Learning Disabilities
<input type="checkbox"/> 566 Leukemia
<input type="checkbox"/> 686 Loss of Appetite
<input type="checkbox"/> 638 Loss of Awareness (euphoric)
<input type="checkbox"/> 727 Loss of Balance
<input type="checkbox"/> 708 Loss of Concentration
<input type="checkbox"/> 662 Low Self-Esteem
<input type="checkbox"/> 714 Lump in Breast
<input type="checkbox"/> 567 Lupus Erythematosus

<input type="checkbox"/> 708 Memory Loss (loss of
concentration)
<input type="checkbox"/> 568 Meniere's Syndrome
<input type="checkbox"/> 569 Menopause
<input type="checkbox"/> 729 Menstrual Problems (or
<input type="checkbox"/> 505 Amenorrhea, cessation
of period, or
<input type="checkbox"/> 542 Dysmenorrhea, painful periods)

<input type="checkbox"/> 663 Mental Confusion
<input type="checkbox"/> 570 Mental Problems
<input type="checkbox"/> 571 Mental Retardation
<input type="checkbox"/> 750 Mind Racing
<input type="checkbox"/> 572 Migraine Headaches
<input type="checkbox"/> 692 Mononucleosis (mono)
<input type="checkbox"/> 665 Mood Swings
<input type="checkbox"/> 747 Mouth Dry
<input type="checkbox"/> 775 Multiple Chemical Sensitivity
<input type="checkbox"/> 573 Multiple Sclerosis
<input type="checkbox"/> 739 Muscle Cramps
<input type="checkbox"/> 719 Muscle Tone Poor
<input type="checkbox"/> 740 Muscle Weakness
<input type="checkbox"/> 574 Muscular Dystrophy
<input type="checkbox"/> 576 Myositis
<input type="checkbox"/> 577 Myositis Ossificans

<input type="checkbox"/> 639 Nail Growth Poor (poor
nail growth)
<input type="checkbox"/> 637 Nails, Ridges on
<input type="checkbox"/> 636 Nails Soft
<input type="checkbox"/> 666 Nausea
<input type="checkbox"/> 681 Negative Feelings
<input type="checkbox"/> 726 Nervousness
<input type="checkbox"/> 578 Nervous System
Dysfunction
<input type="checkbox"/> 579 Neuralgia
<input type="checkbox"/> 580 Neuritis
<input type="checkbox"/> 768 Nightmares | <input type="checkbox"/> 667 Obesity
<input type="checkbox"/> 581 Osteoporosis
<input type="checkbox"/> 694 Ovarian Pain
<input type="checkbox"/> 709 Pain Between Shoulder Blades
<input type="checkbox"/> 751 Panic Attacks
<input type="checkbox"/> 668 Paranoia
<input type="checkbox"/> 583 Parkinson's Disease
<input type="checkbox"/> 584 Perceptual Motor
Problems
<input type="checkbox"/> 585 Periodontal Disease
<input type="checkbox"/> 586 Phlebitis
<input type="checkbox"/> 752 Phobias
<input type="checkbox"/> 612 Pigmentation Problems
/Skin
<input type="checkbox"/> 669 PMS
<input type="checkbox"/> 680 Poor Attitude, Outlook
<input type="checkbox"/> 745 Poor Circulation
<input type="checkbox"/> 708 Poor Concentration
<input type="checkbox"/> 731 Poor Digestion, Indigestion
<input type="checkbox"/> 640 Poor Memory
<input type="checkbox"/> 719 Poor Muscle Tone (see
Muscle)
<input type="checkbox"/> 639 Poor Nail Growth
<input type="checkbox"/> 671 Pregnant
<input type="checkbox"/> 670 Protein Catabolism
<input type="checkbox"/> 669 Pre-Menstrual Tension, PMS
<input type="checkbox"/> 587 Prostate Problems
<input type="checkbox"/> 619 Psoriasis
<input type="checkbox"/> 588 Psychological Problems

<input type="checkbox"/> 589 Raynaud's Disease
<input type="checkbox"/> 732 Retinitis
<input type="checkbox"/> 738 Respiratory Infection
<input type="checkbox"/> 590 Rheumatism
<input type="checkbox"/> 637 Ridges on Nails
<input type="checkbox"/> 643 Ringing in Ears

<input type="checkbox"/> 591 Schizophrenia
<input type="checkbox"/> 592 Scleroderma
<input type="checkbox"/> 715 Scoliosis
<input type="checkbox"/> 737 Sciatic Nerve Problems
<input type="checkbox"/> 757 Sexual Desire, decreased
<input type="checkbox"/> 664 Sinus Problems
<input type="checkbox"/> 749 Sinusitis
<input type="checkbox"/> 536 Skin Problems, Dermatitis
<input type="checkbox"/> 634 Skin, Brown Spots
<input type="checkbox"/> 628 Skin, Dry
<input type="checkbox"/> 744 Skin, Flaky | <input type="checkbox"/> 633 Skin, Itchy
<input type="checkbox"/> 629 Skin, Oily
<input type="checkbox"/> 741 Skin Rash
<input type="checkbox"/> 771 Spider Veins
<input type="checkbox"/> 642 Stress
<input type="checkbox"/> 672 Stomach Problems
<input type="checkbox"/> 673 Suicidal Tendencies

<input type="checkbox"/> 594 Tachycardia
<input type="checkbox"/> 693 Taking Birth Control Pills
<input type="checkbox"/> 674 Temper Problems (bad
temper)
<input type="checkbox"/> 772 Tendinitis
<input type="checkbox"/> 595 Thrombophlebitis
<input type="checkbox"/> 643 Tinnitus, ringing in ears
<input type="checkbox"/> 702 Tourettes Syndrome
<input type="checkbox"/> 730 Tumors
<input type="checkbox"/> 596 Tumors, Benign
<input type="checkbox"/> 597 Tumors, Fatty
<input type="checkbox"/> 598 Tumors, Fibroid (Misc.)

<input type="checkbox"/> 599 Ulcer, Gastric
<input type="checkbox"/> 600 Ulcer, Skin
<input type="checkbox"/> 601 Uremia
<input type="checkbox"/> 706 Urination Problems
(frequent urination)
<input type="checkbox"/> 777 Urinary Infection

<input type="checkbox"/> 602 Varicose Veins
<input type="checkbox"/> 675 Vegetarian
<input type="checkbox"/> 764 Vitiligo
<input type="checkbox"/> 676 Volatility

<input type="checkbox"/> 545 Water Retention (edema)
<input type="checkbox"/> 677 Weight Gain
<input type="checkbox"/> 603 Weight Loss
<input type="checkbox"/> 678 White Spots on Nails
<input type="checkbox"/> 679 Worrying
<input type="checkbox"/> 605 Wound Healing (poorly)

<input type="checkbox"/> 716 Yeast Infections |
|--|--|--|--|---|---|

Additional Comments: _____

I request the Tissue Mineral Analysis Test(s) be performed and the desired interpretation(s) and supplements as indicated on this order form be forwarded to me. I understand that the material in the requested profiles is provided merely for my consideration, and that any actual implementation of the plans, procedures, and other information presented, or the dispensing of supplements as a result of this request, will be based entirely upon my professional knowledge and judgement, and be dependent upon my evaluation of the patient involved.

Health Care Practitioner Signature _____

Date _____