

# RETEST MINERAL ANALYSIS FORM

Name \_\_\_\_\_ Phone \_\_\_\_\_

Age \_\_\_\_\_ Sex M F

Address \_\_\_\_\_  
\_\_\_\_\_

- a) Please follow the instructions for hair sampling carefully.
- b) Write your **name** on the small paper hair envelope.
- c) Answer the questions below with as many details as possible.
- d) Mail with hair sample/email to Olga Burova  
( olga@burovahelps.com )

1. *On a scale of 0-5, how closely have you been following your program? 0=not at all  
5=perfectly*

Supplements \_\_\_\_\_ Diet \_\_\_\_\_ Sleep \_\_\_\_\_ Saunas \_\_\_\_\_ Enemas \_\_\_\_\_  
Meditation \_\_\_\_\_ Exercise \_\_\_\_\_

2. *Describe changes you have noticed in your symptoms or condition over the past  
several months:*

3. *Do you have questions in regard to your supplements, diet program, sauna  
therapy or coffee enemas?*

4. *Do you have questions in regard to emotional aspects, meditation or lifestyle  
challenges?*

5. *Are there other concerns you would like us to address when updating your healing  
program?*

The retest fee includes your hair analysis, a consultation describing your new comprehensive healing program and brief follow up phone calls/skype/whatsapp or emails. Payment can be by check, money order, Zelle or send credit card information, including expiration date and the 3 or 4-digit security code.

**Mail this sheet with hair sample and your payment to: Olga Burova  
3400 Welborn street, # 424, Dallas TX 75219**

You should receive your program within about 2 weeks.\*Nutritional balancing is a means to reduce stress and is not intended as diagnosis, treatment or prescription for any condition or disease. Olga Burova, HHP, has Master degree in Nutrition and works as a Certified Nutrition Consultant.

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

