

BIO DATA, L. L. C.

P. O. Box 88 - 26240 hwy. 3, Douglas City, CA 96024

Phone: (530) 623 4644 Fax: (530) 623 3738

HEALTH RE-TEST QUESTIONNAIRE:

PLEASE READ INSTRUCTIONS CAREFULLY

SALIVA SAMPLE INSTRUCTIONS: The best time to take your saliva sample would be first thing in the morning, before brushing your teeth, eating or drinking anything. We would like to suggest that you participate in a short aerobic-type 3 minute exercise. **Please contact your current health care professional before starting any exercise routine.** If possible, *PLEASE DO NOT TAKE ANY MEDICATIONS OR HERBS FOR AT LEAST 48 HOURS BEFORE TAKING YOUR SALIVA SAMPLE.* Place a cotton swab under your tongue for a second. Air dry in a non-contaminated area. Place the cotton swab in the small zip lock bag, **seal and label with your name.** Place the bag in a small envelope and seal. Place it, along with your **completed questionnaire**, in a larger envelope. If you have medications, herbs or vitamins that you would like us to test, please send us properly submitted samples.

Each sample **MUST BE:**

- 1) 2-3 tablets or capsules. (for liquid, put 3-4 drops on a STERILE cotton ball.)
- 2) Place each sample in a **separate**, clean zip lock type bag. **CLEARLY LABEL EACH SAMPLE.**
- 3) Place in a padded envelope so contents will not be destroyed in route.
- 4) **PLEASE DO NOT MIX ANY SUPPLEMENTS TOGETHER!!**
- 5) Due to testing procedures, samples will not be returned. (Extra charge for samples in excess of 15)

Include payment in the form of a money order, personal check or bank card number to cover testing and herbal blend as well as shipping costs. Please make checks payable to: Bio-Data, L.L.C

Payment enclosed: Check____ **Money Order** ____ **Amount** _____

Bank card #_____ **Exp. Date**_____

(Visa, Master, Discovery)

Printing clearly with black ink or typing, Please fill out the questionnaire as thoroughly as possible. We want to be able to read and understand what you are telling us. If you have any relevant medical, chiropractic or other health reports please include a copy for our files.

NAME:_____ **DATE:** _____

ADDRESS:_____

CITY _____ **STATE:** _____ **ZIP** _____

EMAILADDRESS _____

PHONE # _____ **CELL PHONE#** _____

FAX: _____ **CURRENT WEIGHT** _____

1. WERE YOU ABLE TO TAKE THE RECOMMENDED HERBAL FORMULA?... YES/NO

2. DID YOU HAVE ANY REACTION TO IT?.....YES/NO, IF SO EXPLAIN

3. HAVE YOU CONTINUED WITH THE RECOMMENDED DAILY MESSAGES?
YES/NO

4. DID YOU FOLLOW THE DIETARY RECOMMENDATIONS.....YES/NO

5. WHAT CHANGES, IF ANY, HAVE YOU NOTICED?

6. HAVE ANY NEW CONCERNS ARISEN?.....YES/NO. IF SO EXPLAIN

7. DO YOU HAVE AREAS OF INFLAMATION OR SORENESS IN YOUR TEETH OR
JAWS? YES/NO, IF SO PLEASE EXPLAIN

8. IF ANY, PLEASE LIST DRUGS YOU HAVE TAKEN IN THE PAST 6
MONTHS

9. ARE YOU CURRENTLY TAKING ANY HERBAL OR FOOD SUPPLEMENTS,
OTHER THAN WHAT WE RECOMMENDED ON YOUR LAST
EVALUATION?.....YES/NO, IF SO PLEASE LIST

10. PLEASE SHARE ANY THOUGHTS/COMMENTS YOU MIGHT HAVE.

12. PLEASE LIST ANY BIO DATA FOOD BLENDS YOU HAVE ON HAND.

Blend # _____ Quantity _____, Blend # _____ Quantity _____,
Blend # _____ Quantity _____, Blend # _____ Quantity _____,
Blend # _____ Quantity _____, Blend # _____ Quantity _____,

SELECT TYPE OF SCREENING AND HERBS YOU WOULD LIKE

___HS-7 Awareness Screening. Identifies long term weaknesses. Cost: **\$118.00**

___HS-6 Graphical Food Compatibility Screening. Cost **\$195.00**

This will help you plan your dietary course with a graphical screening of over 200 foods. *If done in conjunction with health screen #5 there will be a \$20.00 discount so total cost of the 2 tests together would be* **\$293.00.**

___HS-5 Comprehensive Health Screening. A graphical and statistical readout as to the highs and lows of your electrical energy system. This extensive and lengthy screening covers more than 40 major areas of the body, along with a nutritional and dietary outline as noted in HS-3 and HS-4. Testing of current medication samples included, (15 maximum) as well as a personal phone consultation. Cost: **\$118.00**

___HS-4 Common Health Screening. This will assist you in knowing what nutrition would be most helpful to you body, along with a dietary outline. (Includes consultation and testing of up to 15 samples) Cost: **\$74.00**

___HS-3 Basic Health Screening. This will assist you in your decision as to what nutrition would be most beneficial to your health, along with a complete dietary outline. (no consultation) For the small additional fee of \$15.00 we will test up to 15 current medications.

Cost: **\$51.00**

___HS-2 Brief Health Screening Cost: **\$32.00**

WOULD YOU LIKE US TO SEND YOU YOUR PERSONAL HERBAL FOOD BLEND.....YES/NO

YOUR HERBAL CHOICES ARE:

- | | |
|------------------------------|------------------|
| ___ 8 oz Powder blend | \$42.00* |
| ___ 16 oz Powder blend | \$61.00* |
| ___ 32 oz Powder blend | \$110.00* |
| ___ 8 oz Encapsulated blend | \$61.00* |
| ___ 16 oz Encapsulated blend | \$89.00* |
| ___ 32 oz Encapsulated blend | \$162.00* |

PLEASE CALL BEFORE SHIPPING ANY ADDITIONAL ITEMS BESIDES THE PERSONAL BLEND - YES/NO

PLEASE SHIP ANY ADDITIONAL RECOMMENDED SUPPLEMENTS .YES/NO

****PRICES DO NOT INCLUDE APPLICABLE SHIPPPING/HANDLING CHARGES.***

PLEASE INCLUDE APPROPRIATE PAYMENT WITH YOUR TEST - IF YOU HAVE QUESTIONS - PLEASE CALL 530-623-4644

VITAMINS GROW ON TREES, EAT THE ROOTS, BARK AND LEAVES.

BIO-DATA, L.L.C.

HOW TO ORDER

PHONE ORDERS (NEW CUSTOMER): 530 623 4644

Credit Card orders are accepted by phone. Please have credit card number at hand when calling.

FAX ORDERS: 530 623 3738

Fax your completed and signed order form. Note any address or credit card changes. Fax orders are paid by credit card noted on the order form. Please make sure fax is transmitted. If there is a transmission problem, mark the second fax as "duplicate".

MAIL ORDERS:

If you prefer to pay by personal or business check, complete the questionnaire order form and mail with your check. Allow time for mail service, processing and product delivery.

CUSTOMER SERVICE 530 623-4644 during business hours.: For inquiries about products, new customer orders or to inquire about orders already placed.

FOR REORDERS ONLY:

E-Mail biodata202@hotmail.com

1. Please give your full name and address for reference. Orders will be shipped to address on file unless changes are noted.
2. Please **DO NOT** give credit card number on e-mail, Call it in. Orders will not be shipped if credit card is declined.
3. Order by stating product #; powder, capsules or tablets; and Quantity wanted.
4. It is important that you call us and let us know about the E-Mail. We do not monitor this mail daily.

METHOD OF PAYMENT:

Visa, MasterCard and Discover credit cards are accepted. Orders are not shipped if credit card is declined. In case of possible electronic transmission error, declined cards are run twice. We will endeavor to call your daytime number about declined cards. If we are unable to reach you by phone, a letter will be mailed.

Personal and business checks accepted. Our insufficient fund charge for returned checks is \$25.00. A credit card, cashiers check or money order ***only*** will be accepted to cover total of both the returned check and the service charge.

Orders faxed and paid by credit card will be processed and shipped immediately.

FAST SHIPMENTS

We endeavor to process and ship all orders received before 9:00 A. M. within 24 hours. Orders received on Friday, or the day before a holiday, are invoiced and shipped the next business day. Orders are shipped to the address on file. Please keep your address current. To insure fast delivery, orders should be completely filled out. Average delivery time is generally 2 to 4 business days. With some remote delivery points, postal service may only provide delivery service once or twice a week. Please allow plenty of time for delivery when ordering.

DROP SHIPMENTS

Orders placed and paid for by one person and shipped to another party are considered “drop shipments”. Payment information is posted to the person placing the order. It is up to the individual to confirm that credit cards and other payment information is posted to the correct party and cannot be used by the person receiving the drop shipment.

RETURN POLICY

We will refund any unopened single powder herbs and/or tablets within 30 days of invoice date, upon authorization, by shipping replacement, refund or credit. When returning, please include all needed information with return shipment. **We are unable to refund or accept any returns on any personal food blends.** Personal blends are formulated individually and are only appropriate for the person tested.

NAME AND ADDRESSES ARE CONFIDENTIAL:

All names, addresses and financial information are confidential and are not available to third parties.

SALES/USE TAX

Applicable California sales tax is charged on all California deliveries of non-food products. Herbs are considered as food.

EXPEDITED DELIVERY

Due to our remote location all deliveries are by priority mail. If you have had problems with your order delivery in the past, we offer a delivery confirmation for the current postal fee. This will help reduce additional charges and expedite delivery.

DELAYED, LOST OR DAMAGED SHIPMENTS:

If not at home, the U. S Postal service will endeavor to try three times to make delivery. In some cases, depending upon the delivery area, they may leave your package at your front door; otherwise, they will leave you a note or mail you a notice of attempted delivery. With no response within 5 days, they will return the package to our warehouse.

Because of weather, holidays, and various other reasons, your package may require extra time for delivery. While the postal service is usually very efficient, sometimes packages are

incorrectly routed and delayed in shipment. If you feel an insured shipment has been delayed or lost and you reach our voice mail, please leave your full name, daytime phone number, address and request an insured package trace. If we have no record of receiving the order, we will call back for clarification.

If you receive a shipment that is noticeably damaged - refuse the shipment and it will be returned to Bio Data. If the damaged shipment was left at your home while you were out, call your local postal service and advise them that you are refusing the shipment and they will pick it up. Call or fax Bio Data and we will replace all damaged products and handle the Postal service claim.

Orders cannot be canceled after they have been shipped. Customer assumes responsibility for freight costs of undamaged shipments refused and returned. Shipments are sent to address on the order form or the current address in our computer files

**Customer assumes responsibility to keep
shipping address current.**

**HELP US TO HELP OTHERS,
SHARE BIO DATA WITH A FRIEND.**