



A Hair Loss Solution Trichology Clinic

(A Jarmstead Unlimited Corporation located at Body, Soul and Spirit Salon)

Post Office Box 34190 - 222 Leland Avenue - San Francisco, California 94134

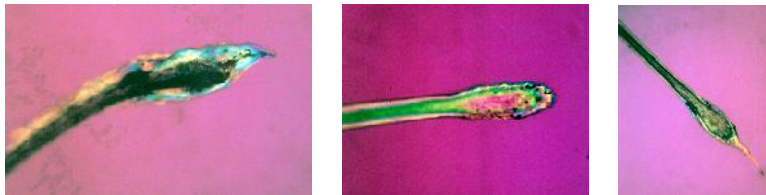
415.333.7261 (local/fax) or 877.374.5152 (toll-free)

www.AHairLossSolution.com or www.BodySoulAndSpiritSalon.com

Polarized Microscopic Hair Loss Analysis

(Polarized Halogen-Magenta Determination)

- Identify causes of hair loss, hair thinning and common hair problems
 - Complete, detailed report with recommendations to restore hair growth and develop healthier growing hair
- Detailed report and profile outline physiological barriers to hair growth
- Concise, active recommendations for lifestyle and products to restore hair growth
- Identifies DHT, dirt, stress, excess sebum, and growth stage and phases
- Includes health analysis to strengthen each of the ten body systems



Analysis is designed to identify several inhibitors, such as: DHT enzyme development, Follicle plugs due to oil, dirt or product build-up, Stress, Chemical or environmental damage, Hormonal shifts, Medication effects, Pregnancy or oral contraception changes, Lack of follicle nutrition, Customers are provided a detailed report, which provides examination findings, high-resolution images of hair samples, recommendations to restore healthy hair and to stop hair loss, and hair products that target DHT, cleansing, moisturizing, or blood flow circulation.

How to Submit Your Hair

Step 1: Complete Hair Analysis Profile

Upon purchasing your Hair Analysis, you will be emailed/mailed the documents for Hair Analysis Profile within three (business) days. Complete the Profile and mail back to us for analysis together with your hair samples.

Step 2: Collect Hair Samples & Return *(Obtain hair samples in and around problem areas)*

*Place white sheet of paper on desk or table.

*Gently rub scalp, comb hair or brush hair to loosen hairs onto paper. **PLEASE DO NOT CUT HAIR.**

*Our laboratory needs a list a **heaping teaspoon** of hair strands.

*Concentrate on thinning or problem areas for hair samples.

*Place hair strands in a plastic bag that seals.

*Mark bag with your full name, date, and telephone number.

Step 3: Mail Completed Profile and Hair Samples

After collecting, bagging and marking your hair samples, mail samples to us for lab analysis. Mailing information is also included with your purchased Hair Analysis Profile documentation. Generally, we complete and return results within 5 to 6 weeks from receipt.

Mail to: A Hair Loss Solution Trichology Clinic, c/o Body, Soul and Spirit Salon, PO Box 34190, San Francisco, California, 94134

Step 4: Your Analysis Completed

You will be emailed/mailed a complete, detailed analysis and recommendations for your files and reference. Your Hair Analysis Report provides an in-depth analysis of your hair. The Report identifies specific problems, and suggested solutions related to regimen and health practices and as well as specific products used to address hair breakage, hair loss, hair thinning, and steps to achieve and maintain healthy hair.

Special notes:

1. Hair that has been permanent waved, dyed, bleached, relaxed or otherwise chemically treated is vulnerable to elemental contamination.
2. This test is not covered by Medicare or any other medial/health insurance.

Terms and Conditions/Disclaimer

Our services do not diagnose or prescribe for disease conditions. All clients are encouraged to seek competent medical help when those services are deemed necessary. Each client accepts total responsibility for his/her own health care and maintenance.

Nothing said, done, performed, typed, printed, or produced by us is intended, meant to diagnose, prescribe, treat a disease or make any attempt to cure any disease condition, and we make no claims or imply any claims that suggestions given to the client are to cure any condition. Furthermore, we do not claim that any supplemental material we may suggest will cure any condition or that its purpose is to treat any condition. We do not prescribe for or treat any disease.

Hair analysis interpretation and recommendations are not intended to replace current healthcare diagnoses or medical treatment. We encourage you to make your own health care decisions based upon your research and in partnership with a qualified health care professional or licensed physician. Nutritional research assessments and suggestions are intended only for the support and maintenance of optimal health and do not involve diagnosing, prognosticating or prescribing of food supplements or remedies for the treatment of disease conditions.

A variety of non-invasive research methods, modalities and programs may be used: enzyme research, pH testing (urine and saliva), laboratory hair analysis for essential elements and toxic elements and/or polarized microscopic hair analysis testing.

By purchasing a hair analysis, you agree to the terms of this agreement: No other agreements, covenants, representations or warranties, expressed or implied oral or written, have been made by A Hair Loss Solution or anyone in connection with the use of this program.

In consideration for the use of A Hair Loss Solution's program, I hereby release its successors, administrators, lessors, associates and assigns, from any and all claims, demands, damages, actions or cause of actions, or suits in law or equity of any kind or nature whatsoever, in connection with the use of this program.

I will give notice to A Hair Loss Solution should I become pregnant or if there is a possibility that I could be pregnant. I will inform A Hair Loss Solution of medications I am currently using and of any heart, liver, kidney or other disease, etc.

All clients' personal information will be treated with the strictest confidentiality and no records or personal information will be released to anyone without written authorization.

Payment in full for the hair analysis is due before lab testing. Refunds are only issued prior to samples being sent to the lab. **Once the hair is received and sent to the lab, you cannot receive a refund.** If for any reason you decide you do not want to send your hair after you have sent payment, then you are refunded 100% of your money. Contact us for more information

The U.S. Food & Drug Administration has not evaluated statements about product(s) efficacy. Again, our work is not intended to diagnose, treat or cure any disease. A Hair Loss Solution is not a medical facility and staff members or trichologist are not medical doctors and have made no representations to that effect.

I have read all of the above, fully understand, and completely agree with its legal effects. I consent to participating with A Hair Loss Solution freely and voluntarily by ordering the hair analysis and any attached services within the framework stated above.

Typical Recommendations include...Special Shampoos (Deep cleaning, Stimulating, Vitamins), Hair and Follicle Stimulators, Vitamins, Amino Acids, DHT Enzyme Blockers, Nutrition and Dietary Changes, Life-style Adjustments, Dry Hair, Weak Hair, Slow or No Growth, Thinning Hair Loss, Stress-Related Hair Problems, Chemical Burns, Fly Away and Split Ends, Damage from Straightening, Damage from Curling, etc.

Many hair problems can be managed with the specified hair treatments and products designed to cleanse, and treat.

Polarized Microscopic Hair Loss Analysis

(Polarized Halogen-Magenta Determination)

Personal

Client # _____ First Initial _____ Last Name _____
Date of Birth _____ Sex: M F Weight: _____ Height: _____ Age: _____

History

In the past 60 days, have you: Permed Dyed Bleached Chemically Straightened Other _____

What Shampoo(s) are you currently using: _____

What Conditioner(s) are you currently using: _____

Please explain, in as much detail possible, problems you are experiencing with your hair: i.e. thinning, loss, dry scalp, itchy scalp, control, etc. _____

Are you experiencing hair thinning or hair loss? _____

If so, location of thinning: General Loss Hairline Crown Other _____

What age did you notice hair loss or thinning? _____

Degree of loss or thinning: Mild Moderate Severe

Hair loss rate: Slow Moderate Rapid

Have other blood relatives experienced hair loss? If so, please explain: _____

Brief Medical History

Client # _____ First Initial _____ Last Name _____

Body System Strength: (Please answer the questions below with a check mark in the box.)

- | | | |
|--|---|--|
| <input type="checkbox"/> Illness More Than Twice A Year | <input type="checkbox"/> Belching Or Gas After Meals | <input type="checkbox"/> Feeling Irritable Or Easily Angered |
| <input type="checkbox"/> Difficulty Digesting Certain Foods | <input type="checkbox"/> Skin/Complexion Problems | <input type="checkbox"/> Respiratory Concerns |
| <input type="checkbox"/> Monthly Female Concerns | <input type="checkbox"/> Daily Consumption Of Dairy Products | <input type="checkbox"/> Frequent Urination Or Urinary Concerns |
| <input type="checkbox"/> Regular Consumption of Alcohol | <input type="checkbox"/> Difficulty Getting To Sleep, Lack of Sleep | <input type="checkbox"/> Sore Or Painful Joints |
| <input type="checkbox"/> Food Allergies | <input type="checkbox"/> Menopausal Concerns | <input type="checkbox"/> Lack Of Energy Or Endurance |
| <input type="checkbox"/> Smoking | <input type="checkbox"/> Age-Related Health Problems | <input type="checkbox"/> Heavy Mucus Production or Feeling Congested |
| <input type="checkbox"/> Heavy Coating on Tongue | <input type="checkbox"/> Difficulty Maintaining Ideal Weight | <input type="checkbox"/> Weak Knees, Ankles Or Back |
| <input type="checkbox"/> Stressful Lifestyle | <input type="checkbox"/> Diet High in Meat and Grains | <input type="checkbox"/> Brittle Or Easily Broken Fingernails |
| <input type="checkbox"/> Cravings For Sweets Or Junk Food | <input type="checkbox"/> Fewer Than 2 Bowel Movements Per Day | <input type="checkbox"/> Daily Consumption Of Fried Foods |
| <input type="checkbox"/> Feeling Down, Uninterested Or Moody | <input type="checkbox"/> Low Sex Drive | <input type="checkbox"/> Cold Hands And Feet |
| <input type="checkbox"/> Body Odor And/Or Bad Breath | <input type="checkbox"/> Dry, Damaged Or Dull Hair | <input type="checkbox"/> Exposure To Air Pollution Daily |
| <input type="checkbox"/> Less Than 3 Servings Of Fruit And Veggies Daily | <input type="checkbox"/> Frequently Feeling Fearful Or Timid | <input type="checkbox"/> Shallow Or Difficult Breathing |
| <input type="checkbox"/> Recent Or Frequent Use Of Antibiotics | <input type="checkbox"/> Muscle Cramps Or Spasms | <input type="checkbox"/> Recurrent Yeast Or Fungal Infections |
| <input type="checkbox"/> Gum Problems Or Redness On Nose | <input type="checkbox"/> Caffeinated Beverages Daily | <input type="checkbox"/> Feeling Anxious Or Worried |
| <input type="checkbox"/> Puffiness Under Eyes | <input type="checkbox"/> Restless Sleep Or Waking Up Frequently | <input type="checkbox"/> Don't Exercise Regularly |
| <input type="checkbox"/> Poor Concentration or Memory | <input type="checkbox"/> Weak Bones, Teeth Or Cartilage | |

Summary

Stress and physical changes to your body can directly affect hair growth, thinning and loss. In the past twelve months, have you undergone any significant life changes, which may have affected your well-being? Such as marriage, divorce, pregnancy, loss of a family member or friend, surgery, change in job status, diagnosis of health change, move or purchase or sale of residence, personal financial changes, etc.? _____

Mail Completed Profile and Hair Samples

After collecting, bagging and marking your hair samples, mail samples to us for lab analysis. Mailing information is also included with your purchased Hair Analysis Profile documentation. Generally, we complete and return results within 4 to 5 weeks from receipt.

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