



Name: \_\_\_\_\_ Date: \_\_\_\_\_ Tx: \_\_\_\_\_ Of: \_\_\_\_\_ Practitioner: \_\_\_\_\_

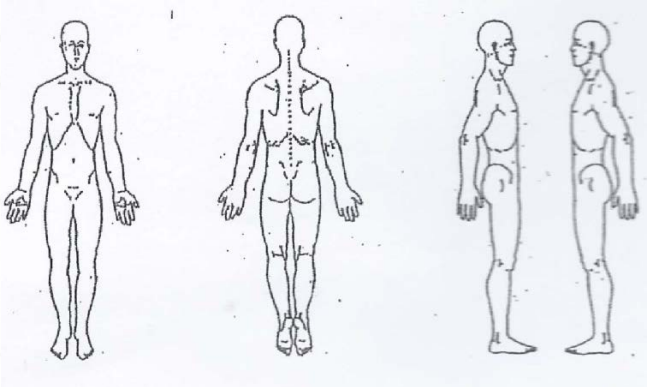
**Module 1 Organ Systems**

**Right**

**Left**

Right Fz \_\_\_\_\_ organ system \_\_\_\_\_

Left Fz \_\_\_\_\_ organ system \_\_\_\_\_



Area Response: \_\_\_\_\_

Main Focus: \_\_\_\_\_

INT \_\_\_\_\_

Min \_\_\_\_\_

**Module 2(programs)**

**Module 3(microorganisms)**

**Module 4(nutrient)**

\_\_\_\_\_

\_\_\_\_\_

83. \_\_\_\_\_

\_\_\_\_\_

96. \_\_\_\_\_

\_\_\_\_\_

115. \_\_\_\_\_

\_\_\_\_\_

142. \_\_\_\_\_

\_\_\_\_\_

151. \_\_\_\_\_

\_\_\_\_\_

Main Program: \_\_\_\_\_

Main Program: \_\_\_\_\_

Charged Water

Notes: \_\_\_\_\_

INT \_\_\_\_\_



Medically Proven Pain Relief