

# DENTAL PROTECTION PACK

## ORDER FORM

Full name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_

State/Prov/Country \_\_\_\_\_

Zip/Postal Code \_\_\_\_\_

*I (signed)*

\_\_\_\_\_

*agree with all statements in this document, as of today the day of*

*(date)*

\_\_\_\_\_

**All remedies are good only for designated period based on testing**

**\* Take all remedies at bedtime. (UNPLUG everything)**

**\* If more than one remedy at bedtime take 30 minutes apart (UNPLUG everything)**

**USD**

*Check order with \**

**Includes**

**Packng Shipng & paypal fee**

**TESTED PRESCRIPTION**

**For Potency, Timing, Priority & Duration**

**MINIMUM 4 ORGANS \$17.50 each = \$70**

**5 to 8 ORGANS \$15.00 each = \$75 to \$120**

**9 to 12 ORGANS \$13.50 each = \$122 to**

**\$162**

**FOR Practitioner**

**x wk times a week**

**wks duration of weeks**

**(1 to 12) Order of administration of remedies**

<b>Brain</b>		<b>Large Intestine</b>		
<b>Bone Marrow</b>		<b>Small Intestine</b>		
<b>Lymph</b>		<b>Stomach</b>		

<b>Thymus</b>		<b>Liver</b>		
<b>Spleen</b>		<b>Adrenal</b>		
<b>Kidney</b>		<b>Hypo thalamus</b>		
<b>Pineal</b>		<b>Thyroid</b>		
<b>Anterior Pituitary</b>		<b>Pancreas</b>		
<b>Ovary</b>		<b>Emotional Center</b>		
<b>Mammar y</b>		<b>Frontal Lobe</b>		
<b>Testes</b>		<b>Ears Nose Throat</b>		
<b>Prostate</b>		<b>Myo cardium</b>		
<b>lung</b>		<b>Coronary Artery</b>		
<b>Skin</b>		<b>Supportive Apparatus</b>		<b>←- joints, ligaments, tendons and muscle</b>
<b>Heart</b>		<b>Connective Tissue</b>		
				<b>←- Other organs</b>
<b>EMF</b>				

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