

## FREE GRAZOPH TEMUNA APPLICATION FORM

### Applicant

Name:

Age:

Address:

Phone:

Email:

### Care Giver (if applicant is not self-sufficient)

Name:

Address:

Phone:

Email:

Prefer contact via: \_\_\_ phone \_\_\_ email

### Describe the nature and severity of applicant's condition and applicant's general health

### List all drugs applicant currently takes

### Signature of applicant/legal guardian/caregiver

By signing this document you agree the above information is correct, you will follow all product instructions, and you will be liable for the cost of the product you receive if you do not use the product and provide HEALING REACTIONS with post treatment diagnosis in a timely manner.

Date:

Mail this form along with a copy of doctor's diagnosis to **Healing Reactions  
4007 Carpenter Rd #136  
Ypsilanti, MI 48197**

Questions? Call 734-789-1239 or email [getwell@grazoph.com](mailto:getwell@grazoph.com).

Free trial is also open to healthy people who will verify on their own accord the difference in levels of toxic chemicals in their body. We encourage anyone willing to submit to before and after hair tests to apply.

"Free" applies to the GRAZOPH TEMUNA product only and does not apply to incidental expenses and/or treatments, such as colon cleansing, which is often required for successful application of GRAZOPH TEMUNA.