

CLIENT RECORD

Purification Test Strips

CLIENT: _____

AGE: _____

EMAIL: _____

BIRTHDATE: _____

HEIGHT: _____

OCCUPATION: _____

Test #:	Sugars Sp. Gravity	Urine pH	Ascorbic Acid	Ketones	Salts	Nitrogen	ORP	Current wt.
		Saliva pH				Ammonia		Desired wt.
Date:								
Time:								

HOW I FEEL TODAY:

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		Saliva pH				Ammonia		Desired wt.
Date:								
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