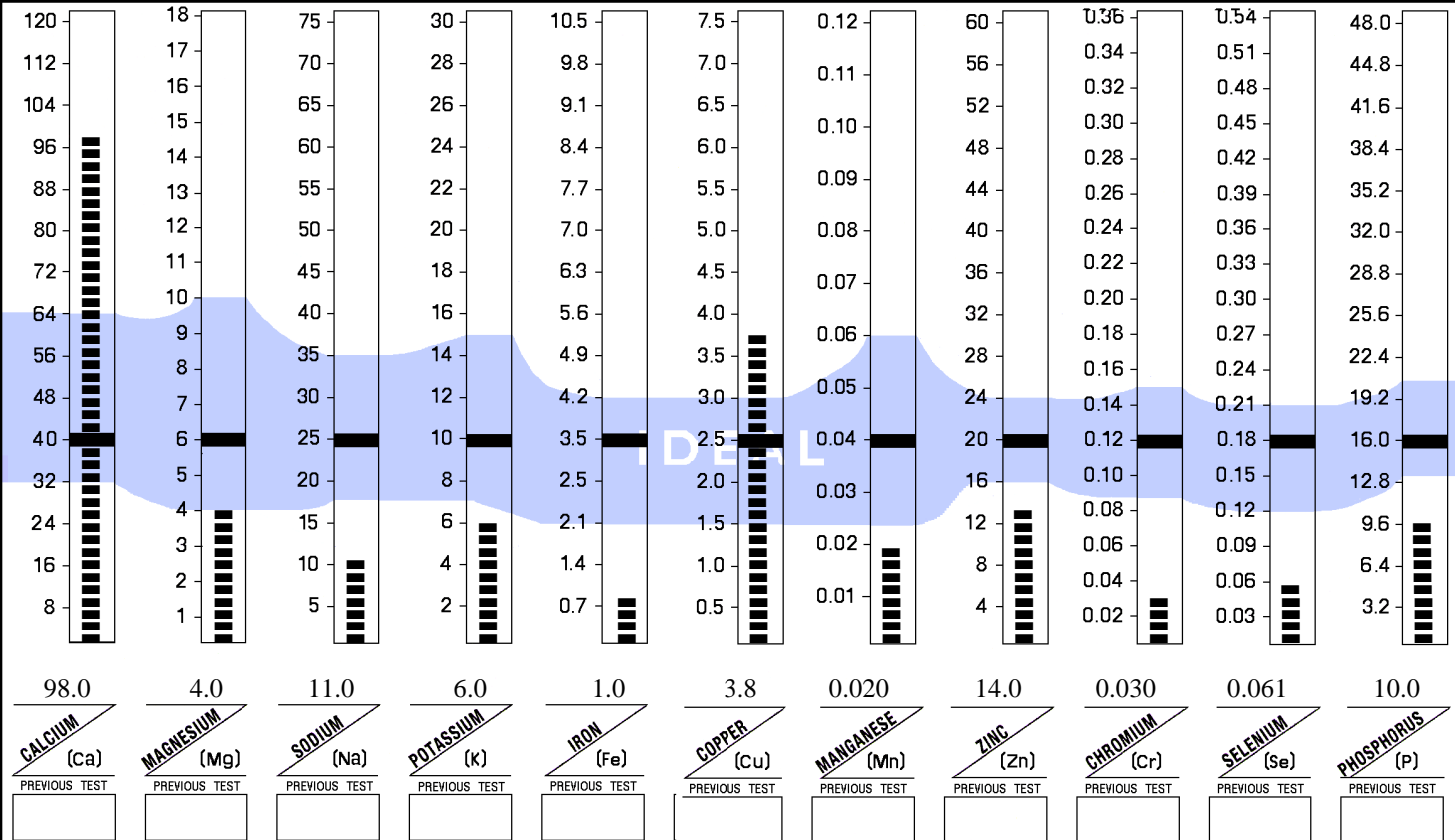
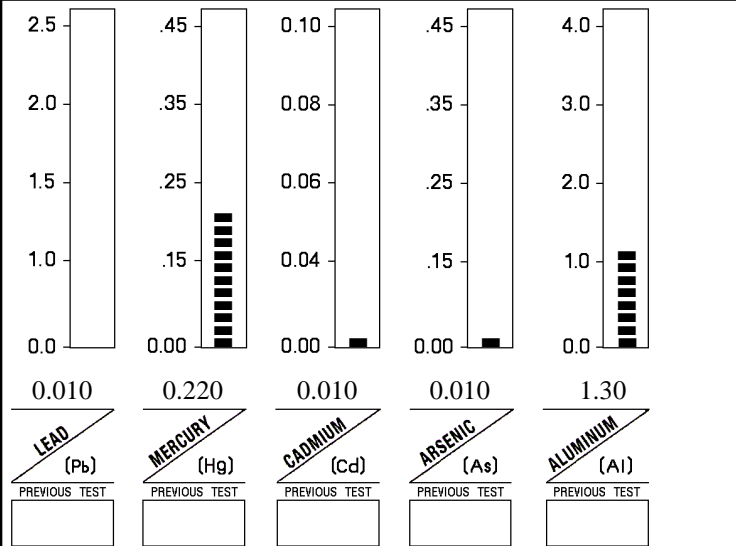
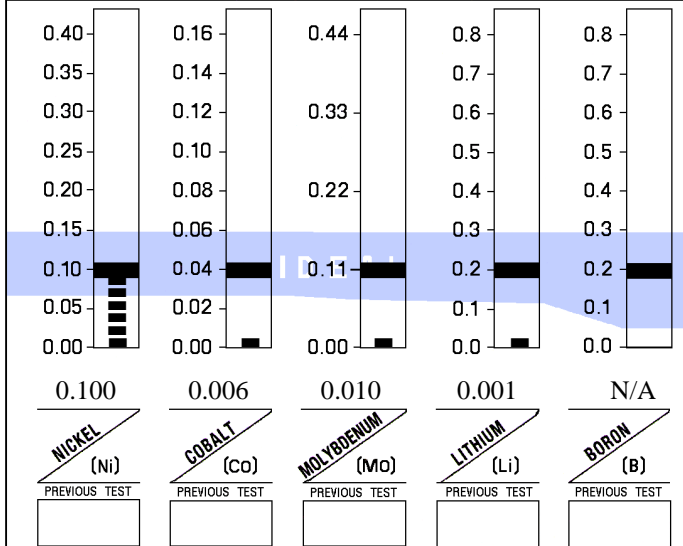


PATIENT NAME: **Joe Sample** Doctor Sample
 SEX: **M** AGE: **28** DATE: **7/25/2012** LAB NO. **60328** CLIENT ACCT. NO. **4**

NUTRIENT MINERALS

TOXIC METALS

ADDITIONAL MINERALS

SIGNIFICANT MINERAL RATIOS

MINERAL RATIO	IDEAL RATIO	CURRENT RATIO	% OF IDEAL	PREVIOUS RATIO	LOW		IDEAL	HIGH	
					○	○	○	○	○
CA/MG	6.67	24.50	367		○	○	○	○	○
CA/K	4.00	16.33	408		○	○	○	○	○
NA/MG	4.17	2.75	66		○	○	○	○	○
NA/K	2.50	1.83	73		○	○	○	○	○
ZN/CU	8.00	3.68	46		○	○	○	○	○
CA/P	2.50	9.80	392		○	○	○	○	○

 MIXED OXIDIZER

 FAST OXIDIZER

 SLOW OXIDIZER ***