

Sherri Stockman ND  
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[www.YourPWC.com](http://www.YourPWC.com)

(This information is kept confidential)

Name \_\_\_\_\_ Date \_\_\_\_\_

Mailing address \_\_\_\_\_

Date of birth \_\_\_\_\_ M or F? (please circle one) Phone \_\_\_\_\_

Email \_\_\_\_\_

(IMPORTANT: Please "whitelist" the personal-wellness-consultant.com domain as "safe" in the SPAM configuration of your email, so your report doesn't end up in your junk mailbox)

\_\_\_ Please do a "Full Reading" for me for \$ 128.00

\_\_\_ I only want the "Primary Reading" for \$ 56.00

How did you hear about this service? \_\_\_\_\_

Problems or symptoms you would like to address, listed in order of priority:

***I understand and acknowledge that Sherri Stockman ND is not a Medical Doctor, and that this reading is for educational and entertainment purposes only. With my signature below, I agree that my health is my own responsibility, and that Sherri Stockman ND cannot be held liable for my personal health decisions.***

Signature \_\_\_\_\_ If under 18, signature of Parent or Guardian is required

Date \_\_\_\_\_

**Directions for saliva sample:**

You will need a cotton ball and a small ziplock bag.

*For best results, sample should be taken upon waking, before eating, drinking, or brushing your teeth.*

Being careful not to soil the outside of the plastic bag, spit on the cotton ball.

Seal the bag, removing as much air as possible.

Enclose the sample, along with this completed form and a check or money order for \$128 or \$56

-- payable to **Sherri Stockman** -- and send by regular mail with first class postage. Be sure to use a return address; after the Patriot Act, any "lumpy" mail is suspect, and may be destroyed.

If you wish to pay by PayPal, please go to <http://reading.yourpwc.com> and use the "Buy Now" button.

Your PayPal address (so I can match to the payment) \_\_\_\_\_

Please contact me if you have any questions.

<http://contact.yourpwc.com> (786) 374-5838