

Enchanted Herb Pantry, LLC
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DERMAGRID INTAKE FORM

Date: _____

First Name: _____ Last Name: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email Address: _____

Age: _____ Gender: _____ Weight: _____ Height: _____

TO SEND A DIGITAL PICTURE TO ME:

What part of the body do I use to collect dermal images?

DermaGRID is most often used by collecting images of the back of the hand. This is optimal terrain to identify markers. If the hands have been overly exposed to harsh elements, the cheek is another prime area to collect data.

How close or far away do I need to be to take an image?

It is best if the hand is free of lotions or residue and lying comfortably on a flat surface. Hold the smartphone or tablet so that it will take the picture. Start about 6 inches from the skin area being captured and holding the smartphone or tablet flat (not at an angle). Then slowly move the smartphone or tablet towards the skin until the image appears clear and the skin fills the screen (see example below). The picture should only be of the back of the hand (no fingers, wrist or background should show in the picture). Please note that the picture can also be taken with a digital camera. Please send a picture of both the right and left hands.



Example Picture

What if the image is blurry?

If it is not clear, please retake the image until you have a clear picture of the skin that fills most of the screen.

PLEASE TAKE A MOMENT TO CAREFULLY READ THE FOLLOWING INFORMATION:

I understand that I may consult a licensed health professional prior to consultation or DermaGRID scan sessions if I have any questions or concerns regarding the session or other health issues. I further understand that Jackie

Stevens is not a medical doctor or licensed health care provider and does not directly dispense medical advice or prescribe the use of herbs or supplements as a form of treatment for illness. The information provided from the consultation and/or scan session, and at any classes, is for educational purposes only to empower individuals with knowledge to take care of their own health. I understand that Jackie Stevens disclaims any liability if the reader uses or prescribes any remedies, natural or otherwise, for him/herself or another. Historically, all of these herbal and vitamin supplements may nutritionally support the body's biological systems.

____ I have read and understand the above information. The information I have provided is complete, true and accurate. I release Jackie Stevens and/or Enchanted Herb Pantry, LLC, from any and all liability arising from this session or any further sessions, whether any claim arises during or after the session.

PAYMENT INFORMATION:



DermaGRID Scan Fee: \$45 (+ tax) Please provide your credit/debit card information:

Credit Card #: _____ Exp. Date: _____ CVC: _____ (3 digit code)

Name as printed on card: _____

Signed: _____

Please list any of the following: Current medications, medication allergies, food allergies, and/or health concerns.

Regular business hours are: Monday-Friday, 9:00 am - 4:00 pm (MST). If your e-mail is received after business hours, you will be contacted within 24 hours of the next business day.

SCHEDULE YOUR CONSULTATION TIME:

Appointment Type: _____
1st Choice Date: _____ Time: _____
2nd Choice Date: _____ Time: _____
3rd Choice Date: _____ Time: _____

PLEASE SAVE THIS COMPLETED FORM AND EMAIL IT AS AN ATTACHMENT, WITH YOUR PICTURES, TO: Jackie@EnchantedHerbPantry@yahoo.com or EnchantedHerbPantry@yahoo.com

Your consultation confirmation will be e-mailed to you within 24 regular business hours. Your DermaGRID report will be e-mailed prior to your scheduled consultation time.

Thank you for your interest in the DermaGRID scan. Please let me know if you have any questions.

Jackie Stevens, CNHC
Enchanted Herb Pantry, LLC
(575) 745-1673