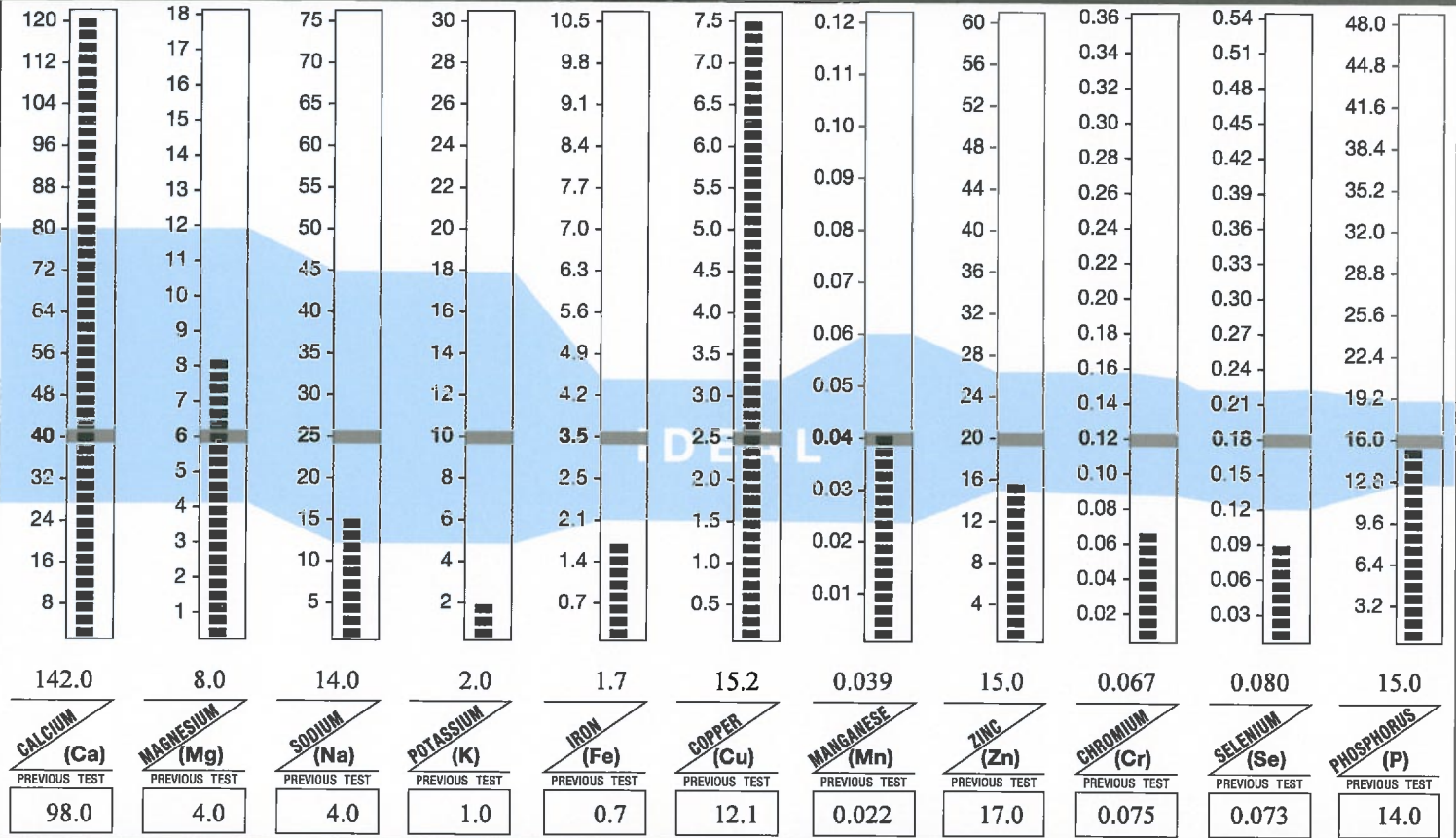
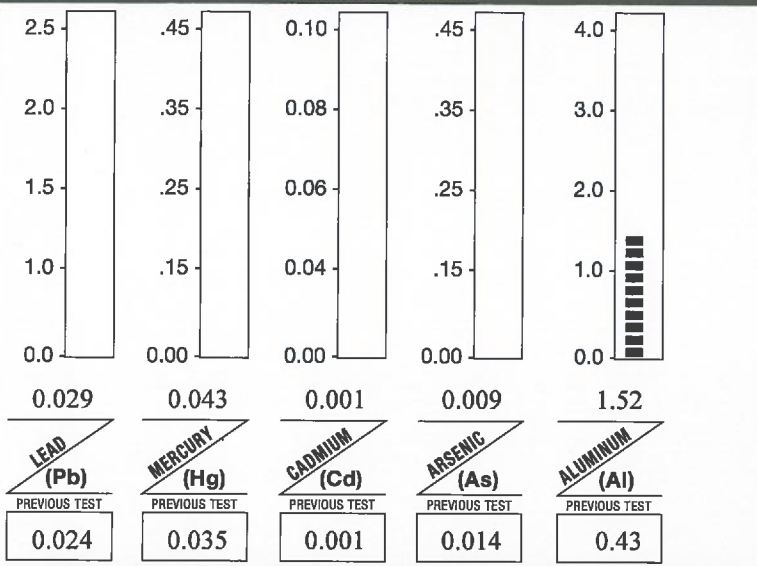


PATIENT NAME: **Feri**
 SEX: **M** AGE: **47** DATE: **6/20/13** LAB NO. CLIENT ACCT. NO.

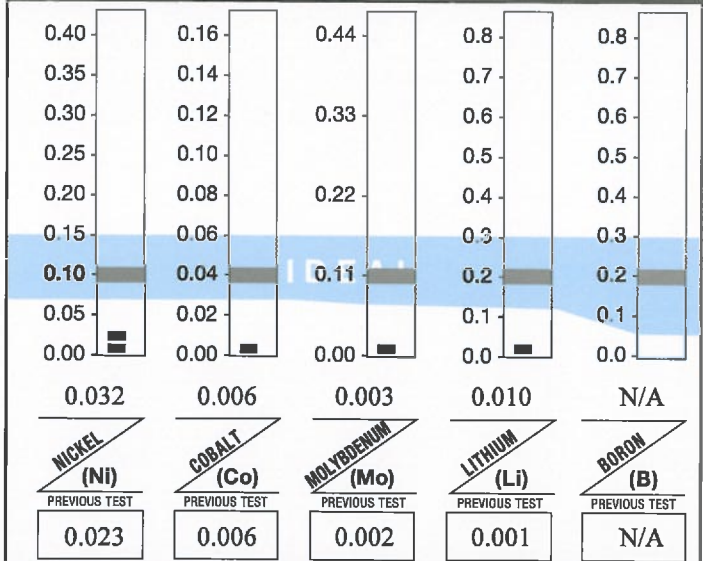
NUTRIENT MINERALS



TOXIC METALS



ADDITIONAL MINERALS



SIGNIFICANT MINERAL RATIOS

MINERAL RATIO	IDEAL RATIO	CURRENT RATIO	% OF IDEAL	PREVIOUS RATIO	LOW	IDEAL	HIGH
CA/MG	6.67	17.75	266	24.50	○	○	○
CA/K	4.00	71.00	1775	98.00	○	○	○
NA/MG	4.17	1.75	42	1.00	○	○	○
NA/K	2.50	7.00	280	4.00	○	○	○
ZN/CU	8.00	0.99	12	1.40	○	○	○
CA/P	2.50	9.47	379	7.00	○	○	○

MIXED OXIDIZER

FAST OXIDIZER

SLOW OXIDIZER ***