

Vibrational Medicine Healing

Treatment request form

Please provide a small hair sample - it only needs to be a small lock of hair to act as the witness for the treatment (a nail clipping will also act as a witness if no hair is available). If you have several people requiring treatments please ensure that each sample is clearly labelled and provide a separate treatment request form for each person.

Send this form along with the hair sample and a cheque for £30 made payable to Sue Grice to:

Sue Grice
Rhnagoup
Dallas
Forres
Moray
IV36 2RZ

Your Name:

Date of Birth:

Contact details – please provide at least one point of contact.

Email:

Tel:

Address:

A brief medical history:

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Where multiple forms have been posted please ensure that the name is put on all pages
Name:

Please describe the symptoms or problems you would like treated:

Any other information you think may be relevant: