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## **Micro Trace Minerals Laboratory**

40+ years of clinical & environmental laboratory diagnostics

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Submission Form: **DENTAL / SALIVA AMALGAM TEST** Requesting Clinic/Doctor: New Customer or if contact information has changed, please fill out the fields on page 2. Patient Name: Street: ZIP: City: State: Country: Phone: Fax: E-mail: please fill out if report is to be mailed to the patient (please complete in block capitals) Date of Birth: f Sex: Spectroscopic analysis of saliva / dental metal test / amalgam test: **Dental Profile (P3)** 14 Elements 102.10€ **Tested Elements:** (per test) Cadmium, Chromium, Cobalt, Copper, Gallium, Iridium, Mercury, Molybdenum, Nickel, Palladium, Platinum, Rhodium, Silver, Tin Dental Profile + Gold (P5) 15 Elements 128.28€ (per test) Test material: 3ml Saliva in metal free tube Tested Elements Parameter as profile 3 plus: Gold **Extended Dental Profile (P43)** 30 Elements 128.28€ Tested Elements Parameter as profile 3 plus: (per test) Aluminum, Beryllium, Boron, Cerium, Iron, Lanthanum, Manganese, Niobium, Rhenium, Ruthenium, Tantalum, Titanium, Tungsten, Vanadium, Zinc, Zirconium Extended Dental Profile + Gold (P45) 31 Elements 154.46 € Tested Elements Parameter as profile 43 plus: (per test) Gold Saliva Test: before chewing Amalgam Test Symptoms (if known): Additional Elements can be against surcharge tested. Please contact us. Additional elements requested or Remarks. Please list:

both addresses (€ 9,95 surcharge)

Patient

Fax

## Saliva - Amalgam Sampling Instruction

## Saliva Test before Chewing

This test is only useful as a comparison to the Saliva Amalgam Test. Results are generally negative, provided
the patient has not consumed food or drink for at least 20 minutes, and has abstained from smoking for at least
an hour.

## Saliva Amalgam Test

- For at least one hour, the patient should not smoke
- For 20 Minutes before the chewing period, the patient should not eat or drink.
- The saliva produced during the time of chewing gum is collected and saved in the tube provided by the laboratory.
- Write patient name on tube, fill out this patient submission sheet and ship to MTM

	ormanon nas	s changed,		or	Clinic/Doctor Stamp
Address:					
Phone:					
ax:					
E-mail:					
Payment via:	Invoice to:		Doctor		Patient
Credit Card	VISA	Mastercard	Card Number:	:	
valid thru (MM/YY):		3-digit code	e:		
Bank transfer done at:	-			for €:	
<b>PayPal</b>	Payment was made to address: service@microtrace.de				
Pre-Payment or	Credit Card is N	leeded, otherv	vise samples v	vill be held ı	ıntil payment is received.
		,			

specialist laboratories in Germany for carrying out the test I have requested and that MTM will be notified of the result. If I wish to send MTM's test result to the responsible physician or alternative practitioner, I agree that he/she will view the test result to provide a diagnosis. I may revoke my consent at any time to the responsible physician or

Barcode SA before

This Form can also be filled out on the PC, please visit: https://microtraceminerals.com/en/submission-forms/

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(please do not forget)

Barcode SA after

alternative practitioner or to Micro Trace Minerals GmbH. Until my consent is effectively revoked, the processing of my personal data will remain legal.

Details can be found in our privacy policy at: https://microtraceminerals.com/en/contact/data-protection/laboratory-order

**Patient Signature:** 

By signing below, I certify that all information provided is correct.

Barcode SA

Date: