

Name: T. S Date 9/10/10

Nature of Addiction: HERION DETOX

Usage per day: 12-15 BAGS to ZERO

Reduction progress: 15-12-8-5-3-2-2-1 1/2-1-1/2-4 LINES-2 LINES-0 BAGS

Please answer the following questions using the following scale.

1. Very Poor 2. Poor 3. Satisfactory 4. Good 5. Very Good 6. Excellent

POST-TREATMENT COMMENTS	
1. Physically, how do you feel:	<u>4</u>
2. Mentally, how do you feel:	<u>5</u>
3. How well do you sleep:	<u>2</u>
4. How well do you eat:	<u>4</u>
5. How positive do you feel:	<u>5</u>
6. How tired do you feel:	<u>5</u>
7. How healthy do you feel:	<u>5</u>
8. Bowel Movements	<u>3</u>
9. How do you feel about the future	<u>5</u>
10. Please rate any withdrawal symptoms	<u>4</u>
11. How would you rate this treatment	<u>5</u>
12. Do you have any drug cravings?	Yes <input checked="" type="radio"/> No

Additional Comments:

Had a 10 day detox went very well followed the plan step by step eating and feeling alot better Great sense of well being and positive for the future would defenately recomend the treatment for anyone.

Please use my name or first name and initial on the website and promotional material.

Signed: [Signature] Date: 9/10/10