



# Test Kit Order Form

**CALL DIRECT: 877-983-7863**

**FAX TO: 866-454-9650**

## PHONE or FAX YOUR ORDER

### Practitioner Information

**Doctors Name** \_\_\_\_\_  
**Doctor Address 1** \_\_\_\_\_  
**Doctor Address 2** \_\_\_\_\_  
**City** \_\_\_\_\_  
**State/ Province** \_\_\_\_\_ **Zip/ Postal Code** \_\_\_\_\_  
**Phone Number** \_\_\_\_\_  
**E-MAIL**

SPECIAL INSTRUCTIONS;

**ORDER Information**     **RE-Order - Existing Doctor**                       **New Customer**

**FMV-SPOT URINE KIT**   
**24 hr URINE KIT**   
**CDSA**   
**SERUM TEST SET UPS**   
**IODINE LOADING TEST**   
**LIVER DETOX TEST**

**SALIVA KIT (1 TUBE)**   
**SALIVA KIT (4 TUBE)**   
**SALIVA KIT (11 TUBE)**   
**INTESTINAL PERMEABILITY TEST**   
**BLOOD SPOT KITS**   
 \_\_\_\_\_

**\*\*ALL SUPPLIES ARE SHIPPED GROUND SERVICE - AN EXTRA FEE WILL BE CHARGED FOR EXPRESS ORDERS\*\***