

TEST KIT ORDER FORM (USA)

Health Diagnostics and Research Institute

(Vitamin Diagnostics, Inc.)

540 Bordentown Avenue

Suite 2300

South Amboy, NJ 08879

Phone: 732-721-1234

Fax: 732-525-3288

Email: lab@vitdiag.com

Date of Order: _____

Name: _____

(Doctor)

(Clinic or Lab)

(Patient)

Address: _____

City, State, Zip: _____

Phone: _____ **Fax:** _____

e-mail: _____

How would you prefer to get results (For Doctors)? Fax e-mail

Kit(s) requested:

Kit Name: _____ **Qty.** _____

Kit Name: _____ **Qty.** _____

Kit Name: _____ **Qty.** _____

Two different test kits are available for Kryptopyrrole, please specify or call our office with questions.

PRACTICING LICENSE MUST BE ON FILE IN ORDER TO RECEIVE KITS

Please copy this form or download from www.hdri-usa.com/ and fax to us whenever you wish to order kits. Test Kit requests will be processed generally within two days of receipt and will be sent by

____ ground shipping at no extra cost, or

____ express shipping at cost of client:

Credit Card No.: _____

Exp. Date _____