

TEST KIT ORDER FORM (Outside USA)

Health Diagnostics and Research Institute

(Vitamin Diagnostics, Inc.)

540 Bordentown Avenue

Suite 2300

South Amboy, NJ 08879 (USA)

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, Country: _____

Phone: _____ **Fax:** _____

Kit(s) requested:

Kit Name: _____ **Qty.** _____

Kit Name: _____ **Qty.** _____

Kit Name: _____ **Qty.** _____

Credit Card (for prepayment of shipping costs):

Number: _____ **Exp.** _____

PRACTICING LICENSE MUST BE ON FILE IN ORDER TO RECEIVE KITS

Please copy this form and fax to us whenever you wish to order kits. Test Kit requests will be processed generally within two days of receipt of Test Kit Order Form and prepayment of shipping costs.