

INTOLERANCE TEST SUBMISSION FORM

PLEASE COMPLETE THE TEST FORM USING **BLOCK CAPITALS**

All fields are mandatory

TITLE: _____

FIRST NAMES:

SURNAME:

DATE OF BIRTH (DD/MM/Y Y): / /

EMAIL:

CONTACT NO.:

PLEASE TICK THE TEST YOU WOULD LIKE:

INTOLERANCE AND NUTRITIONAL DEFICIENCIES - **£95**

INTOLERANCE, NUTRITIONAL DEFICIENCIES AND METAL TOXICITIES - **£150**

Please note: Intolerance tests will only be submitted for testing once payment has been received online. If payment has not been received, an electronic invoice will be sent to the email address you have provided.



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