

# Biophysical<sup>®</sup>

## BiophysicalYou Order Form

Order Date \_\_\_\_\_

### CLIENT INFORMATION

**Name** (*Last, First, M.I.*)

**DOB**

**Shipping Address**

**City**

**State**

**Zip Code**

**Preferred contact phone number**

**Best time to call** (indicate in 4 hour blocks 8a-11p)

Fax number (not required)

**E-mail:**

**Non-DAT State** (AZ, CA, CT, GA, MD, MI, NJ, RI, WY):

If you reside in one of the above states, you will need to have a signed Physician Order Form.

Please contact the Biophysical office at 800.532.7092 to have a Physician Order Form sent to you.

**How did you hear of BiophysicalYou?**

### BILLING INFORMATION

VISA     MasterCard     AMEX     Discover    **Price: \$1,495**

**Credit Card Number:**

**Expiration Date:**

**Name on Account:**

**Billing Address:**

**City:**

**State:**

**Zip:**

**Shipping Preference**     **US Postal** (3 day – no additional charge)     **FedEx** (overnight for \$35)

**Please fax this form to 512.623.4950 and a Biophysical representative will contact you to schedule your blood draw.**