

Food Intolerance Test Kit Order

First Name	
Surname	

House Name: No	
Street	
Town	
County	
Postcode	
Telephone:	

Please tick as appropriate		
	FoodPrint 40	£150
	FoodPrint 60	£200
	FoodPrint 120	£249
	FoodPrint 200	£330

Payment Details (delete as appropriate)	
Cheque	Debit/Credit Card
Credit Card Type	
Credit Card No:	
Expiry	
Last Three digits	

Once we have received the completed order form along with your payment we shall post the test kit straight out to you along with the instructions for use.

If paying by cheque please make cheques payable to:
Life Practice

OFFICE USE ONLY

Order received	
Payment	
Post	
Results	