

Registration Form

(please write in block capitals)

Surname: _____

First name: _____

Street: _____

ZIP, City: _____

Country: _____

Email: _____

Fax: _____ Telephone: _____

male female Date of birth: _____

Test of your choice (please mark with a cross)

- CHF 120.00 / US\$ 120.00 / Euro 80.00** **Saliva test (Test 1)**
- CHF 220.00 / US\$ 220.00 / Euro 150.00** **Saliva test (Test 2)**
- CHF 380.00 / US\$ 380.00 / Euro 255.00** **Saliva test (Test 3)**
- CHF 990.00 / US\$ 990.00 / Euro 660.00** **Saliva test (Test 4)**

- CHF 150.00 / US\$ 150.00 / Euro 110.00** **Detailed Program (Test 5)**
(Individual program based on the obtained results)

- CHF 50.00 / US\$ 50.00 / Euro 35.00** **Water test (Test 6)**
- CHF 50.00 / US\$ 50.00 / Euro 35.00** **Dust test (Test 7)**

- according to the needs of the patient** **Product test (Test 8)**
(see separate information sheet)

I understand that this test is carried out by the Health Practice SanaVital in Berne, Switzerland. In Switzerland it is legal to carry out this test. This test is carried out with the use of the syncrometer and through an expert syncrometer-tester. This information is not intended to diagnose or prescribe medical or psychological conditions, nor does it claim to prevent, treat, mitigate or cure such conditions by standard medical means. We do not provide diagnosis, care, treatment or rehabilitation of individuals, nor apply medical, mental health or human development principles.

Signature _____ Date: _____