

PATIENT INFORMATION

Patient FIRST Name	Patient SURNAME	Middle Initial	DATE OF BIRTH (DOB)		
			DAY	MONTH	YEAR
STREET ADDRESS	CITY & COUNTY	COUNTRY	POST CODE	SEX ASSIGNED AT BIRTH	
				<input type="checkbox"/> Male	<input type="checkbox"/> Female
MOBILE Phone Number (include country code)	HOME Phone Number (include country code)	EMAIL			

PARENT / GUARDIAN INFORMATION

Parent / Guardian FIRST Name	Parent / Guardian SURNAME	MI	<input type="checkbox"/>	Check here if address and phone numbers are the same as above	
STREET ADDRESS	CITY & COUNTY	COUNTRY	POST CODE	GENDER	
				<input type="checkbox"/> Male	<input type="checkbox"/> Female
MOBILE Phone Number (include country code)	HOME Phone Number (include country code)	EMAIL			

BILLING / PAYMENT INFORMATION

Payment: Payment is made directly to Academy of Nutritional Medicine either by card or bank transfer.

Please call +44 (0)3331 210 305 to make payment by debit/credit card.

Bank transfer to: Academy Of Nutritional Medicine (AONM), Barclays Bank, 28 Chesterton Road, Cambridge CB4 3EZ, UK
Sort code: 20-17-22 | Account number: 63880265 | IBAN: GB11 BUKB 2017 2263 8802 65 | SWIFT/BIC: BUKGBG22

Once the payment is confirmed, AONM will send you an AONM Authorisation Code by email, or give it to you over the phone.

Please insert code here →

ORDERING / PROVIDER INFORMATION

Provider FIRST Name	Provider SURNAME	DEGREE			
CLINIC NAME	SPECIALTY				
STREET ADDRESS	CITY & COUNTY	COUNTRY	POST CODE		
MOBILE Phone Number (include country code)	HOME Phone Number (include country code)	EMAIL			

T & Cs

Data Protection. Consent to data transfer and discharge from the duty of (medical) confidentiality. I hereby give my consent for my personal data and treatment data to be collected, stored, processed and used. I also agree that any data, which are necessary for invoice processing (e.g. name, date of birth, address, date of treatment, service codes, invoice sums, test numbers, treatment documentation) will be disclosed to "Academy of Nutritional Medicine (AONM), St. John's Innovation Centre, Cowley Road, Cambridge CB4 0WS" and "Moleculera Labs, Inc., 755 Research Parkway, Suite 410, Oklahoma City, OK 73104" for the purpose of the creation of invoices or for collection of receivables or – if necessary – for judicial enforcement. In this respect I release my treating practitioner, AONM and Moleculera Labs and their employees from their obligation of (medical) secrecy. I also agree that the laboratory results, which are obtained within the scope of this laboratory order may be disclosed to my treating practitioner. This declaration of consent can be revoked at any time with effect for the future.

Terms and Conditions for Ordering: Medical and Diagnostic information

AONM cannot provide a medical diagnosis. AONM makes no claims whatsoever to be able to diagnose or treat medical conditions but to provide tests which could help practitioners make a clinical diagnosis. As a condition of ordering these tests, patients and practitioners accept that AONM has no liability for any results provided.

ORDERING PROVIDER SIGNATURE	DATE
X	

NOTE: Requisition must have ordering provider's signature to avoid a delay in processing.