



New Account Form

105 New England Place, Ste. 220
Stillwater, MN 55082
A SocialVite, INC. Company

Please fax this form along with a copy of your license to 866-462-6742

Account Information

Provider Name _____ Phone _____
 Clinic/Pharmacy Name _____ Contact Person _____
 Degree(s) _____ Postgrad School(s) _____
 License #(s) _____ Issuing State(s) _____
 NPI# _____ Email (Required for purchase receipts) _____
 Website _____ Fax (Required for test results) _____
 Mailing Address _____ Suite _____
 City _____ State _____ Zip _____

Payment Information

Practitioner pricing for accounts with a credit card on file. On each requisition form, you can choose to have your account charged (for the practitioner price) or for patient to include payment (credit card). If you choose to have patient's pay lab directly, then no need to include your credit card info.

Check one

- Visa MasterCard
 AMEX Discover

Credit Card Number _____

Expiration _____ Security Code _____

Name as it appears on the credit card

Billing Address

Use mailing address above

Address _____

City _____

State _____ Zip _____

Payment is processed before collection kits are mailed. Receipts are emailed. Be sure you included your email above.

Prescriber Information (Required to Order Lactulose Breath Tests)

In the USA, lactulose testing requires a licensed prescriber to authorize. If you do not have prescribing abilities, the glucose breath test is available as an alternative. Contact us directly with questions.

Prescriber's Name _____ DHEA# _____

Check to use contact and degree information from above.

Phone _____ Fax _____

Degree(s) _____ NPI# _____

License #(s) _____ Issuing State(s) _____

REQUIRED Check the box to indicate consent.

I understand and consent to the 'Policies and Miscellaneous' section.



Policies and Miscellaneous

Customer Service Available

9 am-4 pm CST Monday-Thursday

Terms of Sale

Testing will be charged to your credit card on file (for practitioner price) or to the credit card included on the requisition form patient price.

Free Shipping

First class mailing is standard. Upgrades to shipping available at extra cost.

Testing Returns

All sales are final. We do not accept kit returns or provide refunds.

Shipping problems

If a patient test is delivered damaged or missing materials, the patient or provider's office must contact Neurovanna within 5 business days. We may ask for photo evidence of damage to assist in processing issue.

Purchase receipts

All purchase receipts are emailed at the time of transactions.

Printed receipts

Available by contacting Customer Service (**\$3.00 fee** per request).

Logos

The Neurovanna logo may be used only in the special form supplied by Neurovanna for use on the internet. Neither the file name nor the name of the image may be changed or modified from the original form supplied by Neurovanna. It may be accompanied by a statement indicating "I (We) proudly offer [insert Neurovanna Company Logo] testing." No other statements may be affiliated with use of the logo.

Miscellaneous

Neurovanna may, at its sole discretion, revise or eliminate its policies at any time. Neurovanna may also terminate Practitioner's/Reseller's non-exclusive, limited license to use the Trademark(s) at any time at its sole discretion upon written notice. Any failure or delay by Neurovanna in enforcing any provisions of this Policy or any of Neurovanna rights in any of the Trademarks shall in no way be considered a waiver of such provisions or rights and shall in no way prevent Neurovanna from enforcing the same at a later date.