



Designs for Health Pty Ltd
1/418 Pittwater Rd, North Manly
NSW Australia 2100
designsforhealth.com.au



**Diagnostic
Solutions**
laboratory

Diagnostic Solutions Laboratory
5895 Shiloh Road, Ste 101
Alpharetta, GA 30005
diagnosticsolutionslab.com

Test Request Form

Test Order Includes: GI-MAP® Test Plus Zonulin



STEP 1: PRACTITIONER

PLEASE COMPLETE ALL FIELDS:

Practitioner First Name and Surname:

Clinic:

Phone:

Send report to (email):

Test Request Date: / /



STEP 2: PATIENT

PLEASE COMPLETE ALL FIELDS:

Patient First Name and Surname:

Patient Date of Birth: / /

Patient Gender: Male Female

Email:

Phone:

Address:

Address Line 2:

City:

State:

Postcode:

Sample Collection Date: / /

Authority to leave without signature (if applicable):



STEP 3: PAYMENT OPTIONS

Practitioner Account: (You must have a 30-day approved account or must have your credit card details securely saved at Designs for Health).

Payment by Patient: Please fill in credit card details below.

Credit Card Number:

Expiry: /

Name on Card:

Total Amount: \$



For more information about the GI-MAP® process and to access further resources, please visit designsforhealth.com.au/gi-map

IF YOU DO NOT HAVE YOUR GI-MAP® KIT YET, PLEASE COMPLETE THIS FORM AND EMAIL TO:
orders@designsforhealth.com.au | 02 9136 6266 | designsforhealth.com.au/gi-map