



SBN Quick Enrollment Form

Science Based Nutrition
Setting the standard of objectivity
in nutritional healthcare.

Office Use Only	
____ Labcorp	____ Quest
Blood #	
Hair #	

Membership Details

\$1350 one-time enrollment fee includes:

- **\$84 per month**
 - Generate reports for up to 20 patients per month.
 - Ask about plans available for 20+ pts/mo.
- **12-month contract required**
- **1 SBN Testing Kit** \$260 value**
 - Includes detailed instructions on how to test your first patient, 1 SBN Foundational Panel EREQ, 1 Doctors Data Hair Kit, 1 Urinalysis, 1 blood occult stool kit
- **HIPAA compliant Clinical Support system for challenging cases**
- **Recommended Testing**
 - Using this PSS data, SBN will automatically generate a list of recommended lab tests for the patient.
- **Patient Symptom Survey (PSS)**
 - Patient fills out survey online then data is automatically synced into the patient's report.
- **Discounted lab tests** through LabCorp, Quest and Doctors Data
 - Tests ordered through SBN are electronically synced into patient reports.
- **Discounted SBN Supplements**
- **Nutrition Practice Management** forms and support
- **Free Unlimited Personal and Group Training** for all members
- **Extensive SBN Library** with Clinical, Practice Management and Dietary Support materials

Payment & Customer Information

Please Print Clearly

Doctor's Name: _____	License Type: DC MD DO ND RD RN Other _____
Licensed State(s): _____	License #(s) _____
Name on Card: _____	Card Type: Visa / MC / Discover / Am Ex
Credit Card # _____	Exp Date: ____/____ Security Code: _____
Billing Address: _____	City: _____ State: ____ Zip: _____
Email Address: _____	Office Phone: _____
	Doctor's Cell Phone: _____ <i>in case of emergency situations</i>

Check # _____ (make payable to Science Based Nutrition)

I have been an SBN member before

Initial

_____*I understand for my account to be activated, receive the New Patient kit and the set-up process initiated, I must complete and turn in the SBN License Agreement and the Business Associates Agreement (BAA) to an SBN Representative today. I understand and authorize my credit card listed above to be billed the \$1350.00 standard membership fee the next business day and is non-refundable.

Signature

Date