



SCIENCE BASED NUTRITION...
SETTING THE STANDARD OF OBJECTIVITY
IN NUTRITIONAL HEALTHCARE

SBN Quick Enrollment Form

Two membership options:

Option 1:

- **\$2500 one-time enrollment fee**
- Includes 1 SBN Baseline Testing Kit
 - \$2500 value
- Includes SBN membership for 1 Year
 - \$1008 value
- Note: After the first year, monthly membership is \$84 per month

Option 2:

- **\$899 one-time enrollment fee**
- Includes 1 SBN Foundational Testing Kit
 - \$650 value
- Includes First 3 months membership
 - \$252 value
- Note: \$84 per month membership fee starts after 3 months

➤ BOTH membership options include:

- Free Unlimited Personal and Group Training for all members
- HIPAA compliant Clinical Support system for challenging cases
- Discounted lab tests through LabCorp, Quest and Doctors Data
 - Tests ordered through SBN are electronically synced into patient reports.
- Patient Symptom Survey (PSS)
 - Patient fills out survey online then data is automatically synced into the patient's report.
- Automated Recommended Testing
 - Using the PSS data, SBN automatically generates a list of recommended lab tests for the patient.
- Discounted SBN Supplements
- 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: _____
in case of emergency situations

Check # _____ (make payable to Science Based Nutrition)

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 membership fee the next business day and is non-refundable.

Signature _____

Date _____

What would you like on your SBN Report Letterhead?

Office Name:

Office Address, City, State, Zip:



Doctors Name and Credentials:

Office Phone Number:

Office Fax:

Office email:

Website:

Lab Choice:

Labcorp Quest Not sure yet!

Select a Supplement Line for your SBN Reports

Choose any of the supplement lines listed below as options for your SBN reports.

The Science Based Nutrition supplement line is a combination of companies that Dr. Merkle has the most experience with and has a known history of success. All SBN line supplements can be ordered from the SBN store and shipped to your office or drop shipped to your patient(s).

Science Based Nutrition

Biotics

Designs for Health

Douglas Labs

Generic

Metagenics

Nutri-West

OHS

Orthomolecular

Standard Process

Xymogen