



FAX

SUPPLY ORDER FORM

To: Alletess Medical Laboratory

Fax Number: 781.871.4182

From: _____

Physician: _____

Address: _____

Test Kits:

Serum Test Kits: 2 4 12 24

Tubes per kit: 1 2 3

(Please Note: You can ship up to 3 patients per box)

Special Requests: _____

Finger Stick Kits 2 4 10 20

Special Requests: _____

Forms:

Quantity:

Nutrition Questionnaire _____

Requisition Form _____

Marketing Materials:

Quantity:

Quantity:

Food is Medicine Booklet _____

96 Food Sensitivity Card / Symptoms Impact Card _____

184 Food Sensitivity Card / Symptoms Impact Card _____

204 Food Sensitivity Card / Symptoms Impact Card _____

Vegetarian & Pescatarian Food Sensitivity Panel Card _____

Food Sensitivity Symptoms Handout _____

Mold Immunoreactivity Panels Card _____

Food Allergy vs. Food Sensitivity Poster _____

Food Allergy vs. Food Sensitivity Handout _____

Food Allergy Panels Card _____

Regional Allergy Panels Card _____

Tick Related Testing Card _____

Celiac Evaluation Profile / Gluten Related Disorders Card..... _____

Autoimmune / Fatigue Screen Card _____

Candida Testing / Helicobacter Pylori (H. Pylori) Card _____

Pet / Animal Allergy / Comprehensive Health Exposure Card _____

Vaccine Component Panel Card _____

Finger Stick Blood Spot Collection Card _____

Sample Wellness Plan

Sample Mold Elimination Plan

Sample Candida Elimination Plan

Sample Anti-inflammatory Diet

Sample Gluten-Free Plan