

BTS - Biological Testing Service

(Service for the Dr. Hauss Laboratory, Germany)

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Practitioner Registration Form: (Please print very clearly !!!!)

Title: _____ **Forename:** _____ **Surname:** _____

Qualification(s): _____

College/University: _____

Invoice address: _____

_____ **Postcode:** _____

Clinic address: (for results): _____

_____ **Post code:** _____

Tel: _____ **Fax:** _____

E-mail: _____

Website: _____

Results: I would like to receive my results (please tick)

by fax

by e-mail

How did you hear about us? _____

Signed: _____ **Date:** _____