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CLIENT INFORMATION 1Name: Date:Phone (H):Phone (W):Email:Address:Referred by:1. Why are you here? (list as many reasons as they can come up with)2. What is the main issue or problem youre ready to change now?3. How did you know this has been a problem? Or how was this a problem for you?4. How long have you had this problem or condition?5. Can you remember a time when you didnt?6. Was there any eve...

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BVD TESTING CLIENT INFORMATION BILL TO: SEND RESULTS TO: BILL TO CLIENT CLIENT: Mailing Address: Shipping Address: City: State: Zip: Contact Person: Business Phone: Alternate Phone: Fax Number: E-mail Address: Business FEIN Number: Social Security Number (if no FEIN): Bank: I understand and agree that all charges are due by the 10th of the followingmonth. After 30 days any outstanding am...














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