



APPLICATION FORM for an E-CONSULTATION

Kindly complete and then fax together with proof of deposit of the E-consultation fee to 086 519 1471

Full Name:

Telephone number: Cell:

Email address: Fax No:

Residential Address:

.....Postal Code.....

Postal Address:

Postal Code..... Today's Date:.....

BANKING DETAILS:

Name: L.D. BROWN

Bank: Standard Bank, Somerset East

Account Number: 1869 434 66

Branch Code: 050718

Account Type: Savings

CONSULTATION FEE: R220

Privacy policy: *We will not sell, trade or give your details to anyone – they are safe with us!*

Please read the statement below, and sign:

I understand that all information provided is for information only, and cannot replace the advice of a medical doctor. Lynne Brown assumes no responsibility for action taken by me in using any information at any time and as such cannot be held responsible for decisions or actions taken as a result of suggestions or recommendations made to me. I also understand that there is no refund once payment has been made and information has been sent to me.

The Orchards

NUTRITION CENTRE

SIGNED: _____