



## Patient Order Form

Fax: 02 9966 9991

Ph: 02 9966 9990

Po Box 904 Crows Nest 1585  
email: info@diagnosticinsight.com.au

Patient Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_

Clinician Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_

Clinician signature \_\_\_\_\_

Date \_\_\_\_\_

1. Fill in the nutrient "units added"

2. Fill in the additional nutrients "units added"

3. Tick the recommended age group for your patient for dosage to be automatically adjusted.

RECOMMENDED  Child < 3 1/4 adult dose  
DOSAGE

Child 4 - 12 1/2 adult dose

Adult > 13 Adult dose

### Patient Billing Method

**Customised Vitamin & Mineral Formulation.**  
**Please tick a billing method option**

1 month = \$110 + delivery  
 3 month = \$250 + delivery

\* Add Activated Vitamin amount here → \$ \_\_\_\_\_

Total amount payable \$ \_\_\_\_\_

### Credit Card Information

Credit Card (select one):  Visa  MasterCard

Credit Card Number

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Exp date \_\_\_\_/\_\_\_\_

Name on card: \_\_\_\_\_

Signature: \_\_\_\_\_

## Customised Vitamin & Mineral Formulation

Nutrient	Base Formula	Adult Units Added
Vitamin A	2500 IU	IU
B-Carotene	5500 IU	IU
Vitamin C	250 mg	mg
Vitamin (D3)	400 IU	IU
Vitamin E (mixed tocopherols)	100 mg	mg
Thiamine (B1)	5 mg	mg
Riboflavin (B2)	5 mg	mg
Nicotinamide (B3)	25 mg	mg
Pyridoxine (B6)	15 mg	mg
Folic Acid	400 mcg	mcg
Vitamin B12	50 mcg	mcg
Biotin	100 mcg	mcg
Pantothenic Acid (B5)	25 mg	mg
Calcium	500 mg	mg
Iodine	75 mcg	mcg
Magnesium	250 mg	mg
Zinc	15 mg	mg
Selenium	100 mcg	mcg
Manganese	5 mg	mg
Chromium	200 mcg	mcg
Molybdenum	25 mcg	mcg
Boron	1 mg	mg
Citric Acid	200 mg	mg
Malic Acid	200 mg	mg

Additional Nutrients	Adult Units Added	Units
Coenzyme Q10 (limit 60mg)		mg
Carnitine		mg
Alpha Lipoic Acid (R)		mg
Vanadium		mcg
Tyrosine		mg
5-HTP		mg
Arginine		mg
Vitamin K1		mcg
Copper		mcg
Alpha Ketoglutarate		Mg
N-acetyl Cysteine		mg
Glycine		mg

Activated Vitamins	Adult units added per day
Riboflavin-5-phosphate	< 50mg
Pyridoxal-5-Phosphate	< 50mg
Folinic Acid	< 2000mcg
Methylcobalamin	< 2000mcg
<b>Cost each per 1 month = \$4. Total per 1 month:*</b> \$ _____	
<b>Cost each per 3 months = \$12. Total per 3 months:*</b> \$ _____	

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Date of Birth \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_

Clinician Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_

Clinician signature \_\_\_\_\_

Date \_\_\_\_\_

1. Fill in the nutrient "grams added adult dose."

2. Tick the recommended age group for your patient for dosage to be automatically adjusted.

RECOMMENDED  Child < 3 1/4 adult dose  
DOSAGE

Child 4 - 12 1/2 adult dose

Adult > 13 Adult dose

### Patient Billing Method

Essential Amino Acids. }  1 month = \$120 + delivery  
Please tick a billing }  3 month = \$290 + delivery  
method option

\* Add total Additional Amino Acids amount here → \$ \_\_\_\_\_

Total amount payable \$ \_\_\_\_\_

### Credit Card Information

Credit Card (select one):  Visa  MasterCard

Credit Card Number

\_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Exp date \_\_\_\_ / \_\_\_\_

Name on card: \_\_\_\_\_

Signature: \_\_\_\_\_

## Essential Amino Acids

Nutrients	% of base	Grams added adult dose	mg per day
5HTP	0.0%+		33
L arginine	9.4%		906
L histidine	10.1%		973
L isoleucine	9.4%		906
L leucine	12.9%		1243
L lysine	9.4%		906
L methionine	7.7%		742
L phenylalanine	12.9%		1243
L taurine	0.0%		333
L threonine	8.1%		780
L valine	11.1%		1069
Pyridoxal-5-phosphate	0.3%		29
Alpha-ketoglutaric acid	8.5%		819

## Additional Amino Acids

Additional Amino Acids	Total grams added adult dose per day
Alanine	< 1000mg
Asparagine	< 1000mg
Aspartate	< 300mg
Cysteine (NAC)	< 1000mg
Glutamine	< 3000mg
Glycine	< 4000mg
Proline	< 1000mg
Serine	< 300mg
Tyrosine	< 500mg
<p>Cost each per 1 month = \$12. Total per 1 month:* \$ _____</p> <p>Cost each per 3 months = \$36. Total per 3 months:* \$ _____</p>	