

# Practitioner Intake Form

**Distributor**

PC

kits

BP

SP

GP

PP

DP

Sign on date:

Customer ID #

Distributor ID #

LEG – Left / Right

# LIFEWAVE

**Personal Info**

Patch Call 1<sup>st</sup>: \_\_\_/\_\_\_/\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ 2<sup>nd</sup>: \_\_\_/\_\_\_/\_\_\_

Phone: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_ 3<sup>rd</sup>: \_\_\_/\_\_\_/\_\_\_

History/Medical Complaints/Family:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Suggested Patches: \_\_\_\_\_

Ordered: \_\_\_\_\_

**Order Info**

Email: \_\_\_\_\_

Website:  Name as above  Alternative: \_\_\_\_\_

Password: \_\_\_\_\_ Welcome letter sent to: \_\_\_\_\_

Shipping Address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Post code: \_\_\_\_\_ Country: \_\_\_\_\_

Billing Address: SAME  \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Post Code: \_\_\_\_\_ Country: \_\_\_\_\_

**Credit Card Info**

Name on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_/\_\_\_ CVV: \_\_\_\_\_

Monthly Subscription \_\_\_\_\_

Extra Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Received 5-day starter kit

Consumer? C  
Distributor? D

Welcome letter

Pic of Invoice + ID#

StartX39now.com

Notified w/ patching podcasts

Up-line Phone numbers

1<sup>st</sup> Checkup – 1 week on x39

2<sup>nd</sup> checkup 5 days prior to auto-ship

3<sup>rd</sup> checkup 5 days prior to 2<sup>nd</sup> autoship

4<sup>th</sup> checkup 5 days prior to 3<sup>rd</sup> autoship

AutoShip set up

Date of Autoship

Upgraded?

Startx39biz.com

Add Telegram Groups

Be Activating training

Biz-in-a-kit

In touch App video training

B u s i n e s s K i t s / C u s t o m e r