



Testimonial Form

Please include your name, address and telephone and email so we may contact you.

Name:

Age:

Gender:

Condition and Description:

(Please include length of treatment, dosage, etc. If Tanalbit[®] has been taken with other supplements please explain).

Please sign and mail this form back to: 1972 Republic Avenue, San Leandro, CA 94577.

Attn: Olivia Balogh

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Signature

Date