



New Patient Family Lab Gift Certificate Optihealth

As our commitment to Family Wellness, please accept this gift of health. Have any family member's Metabolic Testing done complimentary to begin their path to wellness. This assists in determining their Health Wellness Score.

A value of \$60 for each test.

New Patient Name: _____ Date: _____

Relative receiving offer: _____

Optihealth Authorization: _____

**Valid within 14 days of your scheduled NP or FIT Visit.
(Present this card at appointment)**

**www.optihealth.ca 320-2249 Carling Ave., Ottawa
613-829-7100**

GCLOH FC PT