

Practitioner Information Form

Title:	
Name:	
Business/ Clinic Name:	
Address:	
Speciality:	
Phone:	
Email:	

I consent to Optibac storing the personal data provided to contact me with information about the products and services.

You may opt out of this contact at any time. For further information about how and why Optibac uses your personal data, please see privacy policy at: www.optibacprobiotics.com/uk/privacy-policy

I would like to receive more information on:

Monthly e-news (keep up to date on latest news and industry offers)

Opening a practitioner account (offering UK practitioners 40% discount off RRP)

Online product training

Links to educational webinars

Affiliate Scheme

Other (please specify)