

Testimonial Questionnaire

Please take a moment and share with us some of the benefits you have seen from the ominex line of products, Life enhancement and Life Endurance. Please fax to: Testimonial Deptment at 1-801-207-4600 or mail to:

Ominex Testimonial Department
3028 South State Street
Salt Lake City, UT 84118

Name [as we can use it] ie. Sara A., Sara Anderson, S.Anderson etc.

Testimonial (Describe how the Ominex® O4 products have affected you. If insufficient space, please attach a seperate page with this:

Would you be interested in being in one of our testimonial videos? Yes No

If yes, please provide contact information, so we may follow up with you.

Email: _____ Phone: _____ Best Time To Call: _____

Can we use the testimonial that you included above? Yes No

In this last section, if you would like share and track your medical story personally with Dr. Robert Horne MD, please fill out the following information and Dr. Horne will be in contact with you soon. Ominex® values your privacy. All information given to Dr. Horne is private. Dr. Horne will keep all records confidential, allowing only the information you approve to be used in our testimonials.

Name: _____

Location: _____

Best Time to Call: _____

If you prefer to contact Dr. Horne Directly or have questions regarding this his contact information is:

Dr. Robert Horne MD
1.801.520.0462
rhhornemd_1@msn.com

