



# Itspossible Nutraceuticals Ltd.

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Passport  
Size Photo

## TESTIMONIAL FORM

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State \_\_\_\_\_ PIN No. \_\_\_\_\_

Gender : \_\_\_\_\_ Age : \_\_\_\_\_ Mobile No.: \_\_\_\_\_

Product Name : \_\_\_\_\_

Initial Dosage : \_\_\_\_\_

HISTORY OF ILLNESS : \_\_\_\_\_

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PRODUCT USED : \_\_\_\_\_ DOSAGE : \_\_\_\_\_

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PRESENT CONDITION : \_\_\_\_\_

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REMARKS (IF ANY) : \_\_\_\_\_

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USER SIGNATURE : \_\_\_\_\_ DATE : \_\_\_\_\_

NOTE : Kindly provide before & after usage of photographs, medical report etc. to support testimonial.