



Granule Order Form

Order Date: / /

Practitioner Name: Tel: Email:	Patient Name: Date of Birth: Tel: Email:
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Prescribe Patent herbal formula:

(Please go to Single Herb section if you are not prescribing patent formula)

1. _____	_____
2. _____	_____
3. _____	_____

Quantity (gram)

**** Take**

_____ times daily before / after meals,
 ____ minute Hour / before after meals,
 ____ spoon / pack / tablet) per time

Prescribe/modify single herbal supplements:

Single Herb Prescription/modification:	Single Herb Prescription/modification: (<input type="checkbox"/> continue or <input type="checkbox"/> separate package)
1) _____ g	16. _____ g
2) _____ g	17. _____ g
3) _____ g	18. _____ g
4) _____ g	19. _____ g
5) _____ g	20. _____ g
6) _____ g	21. _____ g
7) _____ g	22. _____ g
8) _____ g	23. _____ g
9) _____ g	24. _____ g
10) _____ g	25. _____ g
11) _____ g	26. _____ g
12) _____ g	27. _____ g
13) _____ g	28. _____ g
14) _____ g	29. _____ g
15) _____ g	30. _____ g
Total: _____ g	Total: _____ g
Refill after MM / DD / YYYY Refill times# _____ Refill #1: / / Refill #2: / /	Notes:

Packing and shipping Information:

Do you want your formula to be

Steps: 1. tableted 2. packed into bottle

 3. separated and packed into single dose packets.

 4. self-pickup or shipped

Estimate Price: \$ _____

Shipping fee: \$ _____

Total: \$ _____

* Order confirmation: _____
 (Practitioner Signature)

Date: / /

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For Office Use Only