

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# _____	Notes:
Refill #1:     /     /            Refill #2:     /     /	

**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:     /     /

↑     ↑     ↑  
**For Office Use Only**