

PCOM CLINIC Powder Formula Order Form

TCMFormulas.com

Fax/Phone (619) 282-1332

Interns: Give this form to your assistant for online order entry, OR FAX it in.

Intern _____

Supervisor _____

Patient _____

Patient Phone # _____

Intern Phone _____

Deliver To:

PCOM

Patient Address _____ City _____ State _____ Zip _____

Formula # or Name _____ (for easy refills)

Is this a Refill? Yes

Dosage: # Scoops _____ Times/day _____ # of Days _____

Use the Online student powder order form (at www.tcmformulas.com) to find the price for your patient.

Payment Due TCM Formulas \$ _____

How is the patient paying?

- Check in Suggestion Box
- Check in Mail
- Credit Card Online
- Credit Card by Phone

Herb	Dosage	Herb	Dosage
1.		12.	
2.		13.	
3.		14.	
4.		15.	
5.		16.	
6.		17.	
7.		18.	
8.		19.	
9.		20.	
10.		21.	
11.			