

Powder Order Form

TCMFormulas.com
Fax Toll Free to (877) 283-0678

Practitioner Name _____

Date _____

Patient Name _____ Patient Phone _____

Ship To:

My Office

Patient Address _____ City _____ State _____ Zip _____

Formula # (if patient's first, #1) or Name _____

of Scoops _____ Times/day _____ # of days _____

See the **Powder Price Chart** in your catalog to fill In the Charges Below:

Price- Shipped to you (With 3 formula order minimum) \$ _____

Price- Shipped to Patient \$ _____

Write Prescription Below: