

## Granule Order Form

Order Date:     /     /

|                                              |                                                               |
|----------------------------------------------|---------------------------------------------------------------|
| Practitioner Name:<br><br>Tel:<br><br>Email: | Patient Name:<br><br>Date of Birth:<br><br>Tel:<br><br>Email: |
|----------------------------------------------|---------------------------------------------------------------|

☐ **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<br>2) _____ g<br>3) _____ g<br>4) _____ g<br>5) _____ g<br>6) _____ g<br>7) _____ g<br>8) _____ g<br>9) _____ g<br>10) _____ g<br>11) _____ g<br>12) _____ g<br>13) _____ g<br>14) _____ g<br>15) _____ g<br><br>Total: _____ g | 16. _____ g<br>17. _____ g<br>18. _____ g<br>19. _____ g<br>20. _____ g<br>21. _____ g<br>22. _____ g<br>23. _____ g<br>24. _____ g<br>25. _____ g<br>26. _____ g<br>27. _____ g<br>28. _____ g<br>29. _____ g<br>30. _____ g<br><br>Total: _____ g |
| Refill after MM / DD / YYYY    Refill times# _____<br>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:     /     /

For Office Use Only