

Ship Date: ___/___/_____

Name: _____

Date Ordered: ___/___/___

Shipping Address: _____

Protocol Date: ___/___/_____

Phone #: _____

Next Appt. Date: ___/___/_____

Standing Order Week of each Month (optional): 1 2 3 4 (Check your selection)

Product/Protocol Order:

#	Size	Product Name ~ Dosage	Company Name	Caps or Pwd
<i>(Bottles)</i>	<i>(# caps/oz./grams/granule batch size)</i>		<i>(optional)</i>	<i>(if applies)</i>

Customer Comments or Instructions:

Please charge my Credit Card on File.

***CHOOSE ONE:** Send order in: one shipment
 two shipments
 pick up at clinic

For Office Use Only:

Verify Ship Address
 Charge cc on File x_____

Confirm Total

Invoiced

Email: Estimate
 Invoice
 Protocol

Practitioner:

Cedar
 Kara
 Treasure
 Other

For Standing Orders:
 Filed for next month

Shipping:

UPS Ground
 USPS Priority Mail
 Flat Rate
 FedEx Ground

Call Back regarding: _____

Order Placed Via: Phone Clinic Email Fax with _____

Order Confirmed Via: Phone Clinic Email Fax with _____

Product Total: \$ Declared Value: \$

Shipping: \$ Handling: \$ Order Total: \$

Date Shipped: / / Weight: lbs. Oz. Dimensions: L ___ x W ___ x H ___ (FedEx only)

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