

Practitioner Herbal Formulas: GRANULES

Px Name	Px Address	Practitioner
Px Phone Px Birthdate		Phone
Date of Rx		Email

Herb: Pinyin & common	Total Grams
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16.	
17.	
18.	
19.	
20.	
Total:	

Granules: Spoonsful (grams): ____ x
 Times/Day: ____ (6 – 15 g/day) x
 Days of Prescription: ____
 # Refills allowed: ____
 Note if other: _____
 Known Allergies/Sensitivities:

Additional Notes?

Billing: To be mailed?
 Call Patient?
 Name _____
 CC# _____
 Exp. _____ CVC _____

All formulas must be paid in full before they can be filled in the dispensary.

Phone Px? _____ Pickup? Mail? Address _____