MINNESOTA REMEDIES ORDER FORM

Date:Click or tap to enter a date.

Practitioner Name: Click or tap here to enter text.

To be sent[ ]  Picked-up [ ]

Est date and time of pickupClick or tap here to enter text.

Name and address for mailing:

Click or tap here to enter text.

Remedy(ies) and directions:

Click or tap here to enter text.

Do you want paper directions enclosed? [ ]  yes [ ]  no

Billing Information:

[ ]  Practitioner Card on file

[ ]  Client Card on file

OR

Name on card:Click or tap here to enter text.

Card Number (no Amex please):Click or tap here to enter text.

Expiration date:Click or tap here to enter text.

Code:Click or tap here to enter text.

Email for receipts:Click or tap here to enter text.