

Patient Order Form

Practitioner Name:	Dr Igor Tabrizian
Patient Name:	_____
Delivery Address:	_____

	Suburb: _____ Postal Code: _____
	State: _____
Contact Phone Number(s):	_____

Patient Order form Directions:

Please note: FxMed products are authorised as practitioner-only supplements. Any patient sales must have approval from an FxMed-Registered Practitioner.

1. Please print your name and delivery address clearly as possible.
2. Indicate the products you would like to receive by marking the quantity required.
3. Complete the costing in "Amount" column and write "**Total**" including freight charges.
4. FxMed is not responsible for any loss, damage or theft resulting from goods left at premises.
5. Please complete payment method below – full payment is required before shipment of goods.

Certification and Acknowledgement (THIS SECTION MUST BE COMPLETED)

I hereby certify that the products below are ordered for my and/or my immediate family's personal use.

Signature: _____ Print Name: _____ Date: _____

Payment Method: **Direct Debit (Bank account details: BSB#082 057 A/C#86 599 4569)**

Credit Card Visa / MasterCard (*please circle*) or **Cheque**

Credit Card#: _____ - _____ - _____ **Expiry:** _____ / _____

Name on Card: _____ **Signature:** _____

	Product Name	Vol	Product Code	Price	Qty req'd	Amount
Thorne	Anti-Oxidant	60s	SF702	26.80		
Thorne	B-Complex #1	60s	B101	24.05		
Thorne	B-Complex #12	60s	B112	20.85		
Thorne	Bio-B12	60s	B120	22.80		
Thorne	Boron Picolinate (3mg)	60s	M264	13.80		
Thorne	Calcium D Glucarate	90s	M280	65.05		
Thorne	Cholest (Red Yeast Rice)	120s	SF751	62.45		
Thorne	Citricidin	90s	SF746	20.35		
Thorne	CystePlus (500mg)	90s	SA560	39.95		
Thorne	Entrocap	60s	SF747	40.70		
Thorne	Ferrasorb	60s	SF750	22.35		
Thorne	Folacal	60s	B130	21.75		
Thorne	Folic Acid Liquid	236ml	B123	15.15		
Thorne	Formula SF722	250s	SF722	47.90		
Thorne	Glutathione SR	60s	SA540	70.10		

Freefax: 1800 665 070



