

Chinese Herbal Formula

Please circle: Granules / Bulk

For bulk formulas number of bags: _____



HERB	GRAM AMOUNT

Dosage/ SIG: _____

Number of refills allowed: _____

*Chinese herbal prescriptions expire 3 months after original Rx date

Please note: we will automatically adjust herbs amounts for concentrated herbs at higher or lower than 5:1.

Signature _____

Date _____

Patient Name: _____

Address: _____

Telephone: _____

DOB: _____

**Orders will be filled when payment information is received. Please make sure we have patient phone number or have them call us with credit card information.

Doctor name: _____

Address: _____

Telephone: _____

Cooking Instructions for Bulk Herbs

1st boil: _____ cups water _____ minutes

2nd boil: _____ cups water _____ minutes

Drink: warm hot cold Drink: _____ minutes before/ after food

Other: _____