FAX ORDER FORM

Date:
Name:
Address:
City, Sate, Zip:
Phone :

Payment:
Credit Card #:
Exp. Date:
E-mail:
Next Appointment:

Supplement Name	Quantity

*Please note there is a $10.95 shipping and handling fee per order

Note: Only existing clients may reorder supplements.

Thank you for choosing Aysana Health

Dr. Paula Rochelle, N.D.

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