

Integrated Health Clinic™

working together for your health

FORT LANGLEY, BC

SUPPLEMENT RE-ORDER FORM

Fax to: 604.888.8365 or call: 604.888.8325

Patient Name: _____

Canadian Shipping Address: _____

Phone Number/s: _____ ; _____

Description of Supplements To Be Ordered	Quantity

Please select Shipping Method:

Canada Post, \$15 (please allow for 7 business days)

Courier, \$25 (please allow for 2-4 business days)

Please Select Method of Payment

VISA MC AMEX

Cardholder Name: _____

Card #: _____

Expiry Date: _____

I, _____, authorized Integrated Health Clinic to charge my credit card for the order outlined above. I am aware that the shipping & handling fee will also be applied.

Signature