

## Institute of Complementary Medicine

*Dispensary Order Form – Please return via fax or mail*

726 Broadway Suite 301; Seattle, WA 98122 Phone: 206-726-0034 Fax: 206-726-9434

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Daytime Phone# \_\_\_\_\_  
 Ship To: \_\_\_\_\_ Fax# \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Payment:  Visa  Master Card  AMEX Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_  
 Check (Order will be processed when payment is received)

**Your practitioner:**  Kim Celmer, ND  David Deichert, ND  Janci Karp ND, LAc, LMP  
 Erica Oberg, ND, MPH  Cindy Phillips, ND  Mandy Risley, ND  Eileen Stretch, ND

*Please allow 1-2 business days for your order to be processed and shipped. We process all orders as soon as possible, in the order they are received. All items are shipped via Priority Mail. Shipping rates are based on weight and zip code therefore, we are unable to give you shipping prices in advance. Thank you!*

**Select One:**  Mail order and send backorders later  Mail only when all items are in stock  
 Hold Items for Pick Up

**Shaded areas below for office use only.**

Quantity	Product Name	Size	Shipped (X or #)	B/O	Date Shipped (If B/O)

-----**OFFICE USE ONLY**-----

Order Taken By: \_\_\_\_\_ Staff Notes: \_\_\_\_\_

Filled by: _____ Weight _____ S&H: \$ _____ Value of Items: \$ _____ Total Charge: \$ _____ Date Shipped: _____	<b>Back Orders sent separately:</b> Filled by: _____ Weight _____ S&H: \$ _____ Value of Items: \$ _____ Total Charge: \$ _____ Date Shipped: _____
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