

Outside Practitioner Formula Request Form

Name of Outside Practitioner (Print): _____ Date: _____
 Name of Outside Practitioner (Sign): _____ Phone No.: _____
 Patient's Name: _____ Phone No.: _____
 Name of the person who will **pay** for the herb formula: _____
 Name of the person who will **pick up** the herb formula: _____

<i>POWDER</i>	<i>RAW HERBS</i>
1. Net Weight: 50g 100g Other: ____ g	No. of Packs: _____
2. Encapsulated: <input type="checkbox"/> Yes <input type="checkbox"/> No	No. of Days / Pack: _____
Encapsulation fees: \$15 (50g), \$20 (100g), \$5 extra for every extra 50g	

Drawer No.	Herb Name (Pin Yin)	Dose (g)	Latin Name																																									
1				<i>Special Notes</i>																																								
2																																												
3																																												
4																																												
5																																												
6																																												
7				<i>Instructions for Patient</i> _____ level spoons / caps / cups each time. _____ times a day _____ before/after meals. (hrs/mins)																																								
8																																												
9																																												
10																																												
11				<i>REFILLS</i> <table border="1" style="width: 100%; border-collapse: collapse; font-size: small;"> <thead> <tr> <th style="width: 15%;">Date</th> <th style="width: 15%;">Amount refills</th> <th style="width: 20%;">Supervisor's Initial</th> <th style="width: 50%;">Printed Name</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	Date	Amount refills	Supervisor's Initial	Printed Name																																				
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Herb Dispensary use only:	
Formula Made By (Sign.): _____	(Print): _____
Herb Dispensary Staff re-check (Sign.): _____	(Print): _____
Date Made: _____	