

Supplement Order Form

East West Integrated Medicine

MAIL to 2885 Aurora Avenue Unit #23 Boulder CO 80303

FAX to 303.443.1588

E-MAIL as an attachment: info@nitadesaimd.com

NO PHONE ORDERS WILL BE TAKEN BY THE OFFICE STAFF

Your Name

Phone #

<i>Supplement Name</i>	<i>Quantity</i>

Delivery Method (check one)

Ship

PLEASE NOTE: We ship orders upon receipt of payment with credit card or check. If sending a check, we will call with the amount; & mail your order as soon as your check is received in our office. Please allow 7-10 business days for order processing.

Name

Address

City/State/Zip

Pick Up during office hours M.W.TH. 9:00-5:00pm, Tues 8:00-Noon, Closed Fridays. To make arrangements for after hours pick up please contact us at 303-444-1999 We are closed for lunch

PLEASE NOTE: All orders must be paid for at time of pick-up

Payment (check one)

I will leave check at pick-up

Charge my credit card.

Note: Credit card information must be on file with our office.

**To re-order Herbal formulas call Louise at 303-546-0952.
Send check to Louise Sanchez 645 Pearl St. #3 Boulder, CO 80302**