



For office use only
DATE RECEIVED: _____
INVOICE #: _____
INITIALS: _____

ORDER & AUTHORIZATION FORM

Tel: 541.488.7598 • Fax: 541.488.6949 • orders@medericenter.org

FORMS WITH INCOMPLETE/INCORRECT INFORMATION WILL DELAY THE ORDERING PROCESS

Practitioner Name / Clinic Name:	Date:
Practitioner Signature:	Phone Number:

Ordering Options - CHOOSE ONE OPTION BELOW:

****Items shipped MUST be sold AS IS and NOT relabeled or used for compounding****

☐ **Ship to Practitioner:** Process as an order, charge my credit card ending in _____, ship to me directly.
Shipping Address: _____

☐ **Drop Ship to my patient:** Charge my credit card ending in _____, for patient: _____
***Dropship incurs a \$5.00 additional fee**
Patient's Shipping Address: _____ Patient DOB: _____

☐ **Patient direct order:** This form is a product authorization for your patient, **valid for 1 year from the date above.**
Patient must contact Mederi Order Fulfillment to set up a new account and to place their order by calling 541.488.7598.
Patient Name: _____ DOB: _____

Stock Formula Orders: All stock items are formulated by Donnie Yance. ***Please refer to the Apothecary Offerings listing you received at account set up for a full list of all items available and their therapeutic rationales.*** This includes the correct name, size options, & type (Tonic, Tea, Topical, & Powder).

Formula Name	Type	Size	Quantity

Custom Formulations

Use this template to order your custom formulations. Refer to the Practitioner Packet for all current botanical ingredients and proper measurements; *tonics (mL), teas (oz), topicals (mL), Chinese granules (grams)*. ***There is a 4oz (120mL) MINIMUM for ALL custom formulations. Indicate formula type (tonic, powder, tea, or topical) by checking the corresponding box for each custom item.***

****Ounces to Milliliters 1oz=30ml 2oz=60ml 4oz=120ml 8oz = 240ml 16oz = 480ml****

Custom Formula Name:	
☐ Tonic ☐ Powder ☐ Tea ☐ Topical	
INGREDIENTS	AMOUNT oz's, ml's, gm's
TOTAL	
DOSING:	

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