



Five Flavors Herbal Pharmacy
 Benjamin Zappin, L.A.c., Herbalist
 627 Center Street, Santa Cruz, CA 95060
 Phone: (831) 420-0124 Fax: (831) 420-0101
 Email: 5flavors@fiveflavorsherbs.com
 Open Monday - Friday, 9am - 5pm

Date _____

Patient's Name _____ # _____

Referring Physician/Herbalist _____ # _____

Who are we billing? _____ Patient Practitioner Existing Account

Type of Credit Card _____ Visa Mastercard American Express

Credit Card # _____ Expiration Date _____ Code _____

Billing Address _____

Who are we shipping to? Patient OR Practitioner _____

Shipping Address _____

Formula Ingredients/Products and Quantity

	Ingredients/Products	Quantity		Ingredients/Products	Quantity
1			1		
2			2		
3			3		
4			4		
5			5		
6			6		
7			7		
8			8		
9			9		
10			10		
11			11		

Powdered Extract / Encapsulation / Bulk Tea / Tincture

Dosage _____ drops / droppers / ml / tsp / capsules / cups _____ x daily / as needed

Self-Refill

Physician/Herbalist Rx Only Refill

Special Instructions:

