



Five Flavors Herbal Pharmacy
627 Center St. Santa Cruz, CA
p.831420-0124
f. 831.420.0101

Application and Waiver

Name _____

Business Name _____

Phone _____ Fax _____ Email _____

Billing Address _____

Shipping Address _____

Type of license or herbal background (schools attended, teachers, experience, etc.)

Method of Payment

Patient will be responsible for all payments

I want patient to be able to pay for formulas quickly upon pickup and am willing to have my credit card # on file and assume liability if they don't pick it up within a week.

I will be responsible for all payments

Please initial the following policies:

Five Flavors Herbal Pharmacy is not responsible for providing instructions on administration or use of formulas. We are happy to include your instructions on our downloadable instruction form.

Five Flavors Herbal Pharmacy is not responsible for results or reactions patients may experience from herbs prescribed by practitioners.

Five Flavors Herbal Pharmacy is not responsible for giving advice about patients and herbs you may be considering. Benjamin Zappin, L.Ac. is available by appointment for such consultations.