

Medical Options for Wellness
570 Price Avenue, Suite 200, Redwood City, CA 94063
Phone(650) 474-2130 Fax: (650) 474-2130

Supplement Purchase Order

Client Information

Patient / Parent Name: _____ Date: _____

Address: (no P.O. Box delivery) _____

City: _____ State: _____ Zip Code: _____

Home Phone _____ Work Phone _____ Cell Phone: _____

Payment Type: Visa Mastercard Credit Card on File

Credit Card # _____ Exp. Date: _____

Name on Card: _____

By signing below you authorize the use of the above credit card to be charged for the items ordered below, tax, and shipping charges.

Customer Signature: _____ Date: _____

Qty (#)	Manufacturer	Name of Product	Strength	Details (i.e.chewable,capsule,liquid)
---------	--------------	-----------------	----------	---------------------------------------

UPS Shipping options: Require Confirmation Signature (\$2.25 extra) Leave at door

Other Options: Will pick up at Medical Options for Wellness on: Date: _____ at _____ a.m./ p.m.

Please allow 3 business days for shipping. Cold shipments will be sent out on Monday, Tuesday and Wednesdays ONLY.

UPS will not deliver to P.O. Box addresses, please provide a physical address.

All orders received after 3:00 p.m. will be processed the next business day.

Internal use only

Date Shipped:

Order Total:

Shipped By:

Declared Value: