

Dr. Anita Bratt
1388 Terrace Ave.
North Vancouver, BC

SUPPLEMENT RE-ORDER FORM

Patient Name: _____

Please fill out all areas and email to info@drbratt.com or fax to 604-990-8836.
MAKE SURE TO INCLUDE BRAND NAMES, AS WE HAVE SEVERAL BRANDS OF THE SAME PRODUCT

PRODUCT NAME	BRAND	QUANTITY

PAYMENT: *Supplements must be paid for at the time of pick-up or shipping
CREDIT CARD

___ VISA ___ MASTERCARD ___ AMERICAN EXPRESS

CARD # _____ EXP ___ / _____

3-digit code _____ ___ Check here to have card kept on file

CHEQUE ___ **FOR PICK-UP ONLY ORDERS.** NSF cheques will be charged \$25.

RECEIPT OF ORDER:

___ PICK-UP Date: _____ Time: _____ AM/PM

****Please note, we need a minimum of 24 hours notice****

___ SHIP (Sent Express Post, delivery in 1-2 days. Cost is \$11.50 for small / \$15 for large packages)