

West Seattle Natural Medicine

Dispensary Order Form – Please return via fax or mail

3256 California Ave SW, Seattle, WA 98116 Phone: 206-938-1393 Fax: 206-938-5849

Name: _____ Date: _____ Daytime Phone# _____

Ship To: _____ Fax# _____

City: _____ State: _____ Zip Code: _____

Payment: Visa Master Card

Card # _____ Exp. Date _____

Check (Order will be processed when payment is received)

Your practitioner: Katherine Oldfield, ND Debbie Whittington, ND

Molly Gray, ND, LM Jennifer Lush, ND

Please allow 1-2 business days for your order to be processed and shipped. We process all orders as soon as possible, in the order they are received. All items are shipped via Priority Mail. Shipping rates are based on weight and zip code. Therefore, we are unable to give you shipping prices in advance. Thank you!

Select One: Mail order and send backorders later Mail only when all items are in stock

Hold Items for Pick Up

Shaded areas below for office use only.

Quantity	Product Name	Size (# of caps or tabs)	Shipped (X or #)	B/O	Date Shipped (if B/O)

-----OFFICE USE ONLY-----

Order Taken By: _____ **Staff Notes:** _____

Filled by: _____ Weight _____ S&H: \$ _____ Value of Items: \$ _____ Total Charge: \$ _____ Date Shipped: _____	<i>Back Orders sent separately:</i> Filled by: _____ Weight _____ S&H: \$ _____ Value of Items: \$ _____ Total Charge: \$ _____ Date Shipped: _____
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