

**Ordering Supplements**

Due to the very busy nature of the Darling Health Dispensary all refill supplement orders are taken via email.

**To order supplements:**

Email orders@darlinghealth.com.au using the format as seen in the example below. You may also edit/scan/photograph and attach the ready-made template on the following page. For example -

NAME: Basil Green

PHONE: 0414 000 000

PRACTITIONER: Mary Thistle

POST OR COLLECT: Post

SUPPLEMENTS (BRAND, NAME, SIZE): 1x Biomedica Omega Ease 120 caps

POSTAL ADDRESS: 12 Herbal Grove, Balmain NSW 2041

CREDIT CARD DETAILS (VISA/MC): 5163 XXXX XXXX XXXX Exp 10/17

Basil R Green CVV: 000

**Supplements to be posted:**

**All orders must be received by 1pm if you wish them to be included in that days post.** Products are sent via express post. Freight costs $15 and is sent via Express Post stachel. You can expect your order to arrive within 24-48hrs once posted. Any orders received after 1pm will be sent the following day.

**Supplements for collection:**

Once you receive a confirmation email that your supplement is in stock and put aside you then have 5 working days to collect it.

**Please note:** patients who have not seen their practitioner for 3 months or more will need to make an appointment for a consultation so that supplements can be reviewed before placing an order.

Thank you! The Darling Health Team



**SUPPLEMENT ORDER**

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PRACTITIONER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

METHOD (Circle): POST/COLLECT

SUPPLEMENTS:

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| **BRAND** | **NAME** | **SIZE** | **QUANTITY** |
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POSTAL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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CREDIT CARD DETAILS (VISA or Mastercard):

Card no. \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ Expiry: \_ \_ / \_ \_

Name on card: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CVV: \_ \_ \_

Email to: orders@darlinghealth.com.au