CoMED Health (Pty) Ltd

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www.comedhealth.co.za

Order Form

(*required fields)

Customer Name*:_____ **Acc. No.*:** _____

Date of Order*: _____/_____/20_____ **Contact Number.*:** _____

Dispensing Lab Items: **(Simplexes, Organo's, Nosodes, Complexes, Tinctures, Gemmo's,)**

Product Name / Remedy Name	Potency	Alc.% (if applicable)	Pillules/ Granules/ Tablets	Volume	Quantity/Units

MediHerb Products: **(Tablets, Liquid extracts, MediHerb Blends)**

Product Name	Liquid / Tablets	Volume	Quantity

Other : **(Speciality, Unmedicated, Books, Electroloids, Tissue Salts, Natura Core Range)**

Product Name	Volume	Quantity

Should your order be longer than the space provided, then please attach an additional page.

Please fax your completed form to **012 813 9699** or email to **siobhan@comedhealth.co.za**