

Signature

## **Custom Cream Order Form**

Please reorder your cream when your jar or bottle is <u>half-full</u>. Creams will be shipped directly to your home using the street address you provide below (do not use a PO Box). Your order should arrive within 5-7 business days unless a faster shipping method is specified. Payment is required at the time the order is placed, and may be made by credit card. We can process credit card-on-file payments if you authorize us to do so below and if you have used the credit card at our office before. Otherwise, your payment information will need to be provided by phone.

It is important that you answer all of the questions below to help us place your order correctly. Be sure to enter the <u>order quantity</u>. Please submit a 2nd form if you need more than one formula. You may submit this order by email to support@neuroendocrineconsulting.com, by fax to 512-879-9046 or bring it to our office.

email to support@neuro		•					, ,
Name:							
Street Address:							
City:				ST:	Zip:		
Phone:	Email:						
Payment and Shipping:							
I authorize use	of this credit card	l (enter last 4	digits)				
US Mail, 5-7 days (\$15) UPS 2nd Day, 2-5			-3 Days	s (\$23) UPS Overnight, 2 days (\$40)			
Cream Order:  Jar/Bottle #	Order Quantity	twice/day 1/8		1/16 tsp 1/8 tsp 1/4 tsp	1/2 pump 1 pump		
Please describe any medi	cation or supplen	nent changes	since yo	our last order:			
How have you been feeling	ng while using you	ur most recer	t refill?				
Energy level is: Mood is: Sleep quality is:	<u>Better</u> <u>Worse</u>	<u>Same</u>	Women Only PMS symptoms are: Hot Flashes are:		<u>Better</u>	Worse	<u>Same</u>
Sexual function/desire is:			Menstrual cycle is:		regular	irregular	
Weight is:	increased decreased # of lbs # of lbs	same	Cycle length is:		longer	shorter	same
Comments and other cha				,			
I understand I am respon	sible for payment	of all orders	placed.	Returns can	not be a	ccepted	l or refunded.

Order Date