*IMPORTANT NOTICES:*

*1) We require two business days notice for all refills. Our hours are posted at* www.cheikin.com/hours.pdf

*2)* ***We mail supplements on Thursdays*** *for* ***requests completed before 6pm Wednesday.*** *Other mailings and pickups must be coordinated with staff (note below).*

*3) Certain supplements, such as Vitamin D require periodic blood work, which should be reviewed during your visit. If you have not had a visit or blood work in several months, we might not be able to fulfill this request.*

*4) Keep this document on your computer to streamline future refills.*

*5) By submitting this form, you are agreeing to abide by the terms and conditions regarding such refill services that you have previously reviewed and signed.*

*Please email this completed document to refills@c4oh.org. We will send a reply when received.*

Date:

Name:

Your Phone Number:

Your email:

How to you wish to receive this order?

 Wednesday mail

 Pickup during office hours

 Other:Payment:

 Check (required at pickup)

 Credit Card: Type

 Number:

 Expiration Date:

 Zip: Security Code:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | **Not required if product # provided** |  |  |
|  | **Supplement Name or Product #** | **Pill Size/****Cream Strength** | **# of pills or grams (creams) / month** | **# of bottles/ containers** | **Notes** |
| **1** |  |  |  |  |  |
| **2** |  |  |  |  |  |
| **3** |  |  |  |  |  |
| **4** |  |  |  |  |  |
| **5** |  |  |  |  |  |
| **6** |  |  |  |  |  |
| **7** |  |  |  |  |  |
| **8** |  |  |  |  |  |
| **9** |  |  |  |  |  |
| **10** |  |  |  |  |  |