

# The Archway Clinic of Herbal Medicine

## HERBAL MEDICINE PRESCRIPTION *Use capital letters throughout the form*

Practitioner Name . . . . . Tel: . . . . .

**PATIENT INFORMATION**

Name . . . . .  
 Address . . . . .  
 . . . . .  
 . . . . .

MEDICINE ***Please use a separate prescription form for each item***

HERB NAME IN FULL	TYPE/RATIO	QUANTITY
Total quantity		

Multiply the above quantity . . . . . times

**SIG.** . . . . .  
 . . . . .

**DISPATCH DETAILS**

Collection from clinic (please specify day/date) . . . . . am/pm

Collection by (name) . . . . .

Post to: (if different from above)

Name . . . . .

Address . . . . .  
 . . . . .

Signature of Practitioner . . . . . Date . . . . .

Cost of medicine	£ _____
Dispensing charge (£3 first 3 items, £1 each extra item)	£ _____
Postage (standard P.O. rates)	£ _____
Total Cost	£ _____

Paid by credit/debit/cheque/cash

Signature of Dispenser..... Dispatch date .....