

Patient Order Form

Send to: PO Box 675, Virginia BC, Queensland 4014.

Phone: (07) 3117 3300 **Fax:** (07) 3117 3399 **email:** orders@healthworld.com.au

Address: 741 Nudgee Rd
Northgate, Queensland 4013.

Practitioner

Account Number: 68951
Practitioner Name: ALEXANDRA MIDDLETON
Company: _____
Address: 6/54 SIR THOMAS MITCHELL
RD, BONDI BEACH
City: _____
State: NSW P/Code: 2026

Deliver to:

Name: LATIE BARGET
Street Address: 18/31
ELIZABETH BAY RD
ELIZABETH BAY
State: NSW
P/Code: 2011
Telephone: 0424 942 026

Terms: Ensure your cheque, made out to Innovative Therapies, is attached or credit card details completed. Payment in full is required before shipment of goods.
Delivery Instructions: Please arrange delivery for a \$10.45 charge (including GST) (Orders over \$200 excluding GST are delivered freight free)
Please leave parcel at back ☐ / front ☐ of residence. (Courier will not leave parcel at an unattended residence unless specified.)

				As at October 2012	
Product	Code	Size	R.R.P.	Qty.	Amount
Arginex	AGX	180 g	\$36.95		
Arthrex (while stocks last)	ARTX	250 g	\$46.50		
Coriolus/Grifola Complex 25 mL	CGC	25 mL	\$38.50		
Coriolus/Grifola Complex 100 mL	CGL	100 mL	\$138.50		
Gastro Aid	GA	90 g	\$46.50		
Glutathione	GLUT	100 g	\$39.95		
Leucostat with Vitamin D	LS	30 Caps	\$36.50		
Luteol Plus	LTPC	60 Caps	\$47.95		
Meta I-3-C	I3C	60 Caps	\$46.95		
Neuro Pro	NPP	240 g	\$45.95		
Proxan 30 Capsules	PROX	30 Caps	\$51.50		
Proxan 60 Capsules	PROX60	60 Caps	\$87.50	1	
Triphala	TRIPC	90 Caps	\$25.50		

Patient Order Form Directions:

Please note: This is not a prescription. It can only be filled by Health World Limited.

Courier will not leave parcel at an unattended address unless specified.

Health World Limited is not responsible for any loss, damage or theft resulting from goods left at premises.

1. Please print your name and street address for shipping instructions.
2. Indicate the products you would like to receive by marking the quantity required.
3. Complete the costing in "Amount" column.
4. Include your cheque, made out to Innovative Therapies for the total amount or complete the credit card details below.
5. Health World Limited will forward the standard wholesale/retail margin to your Practitioner for products supplied under the Patient Order System.
6. Please forward to:

Health World Limited
PO Box 675, Virginia BC, Queensland 4014.
Fax: (07) 3117 3399 Ph: (07) 3117 3300

Subtotal \$
Delivery \$ 10.45
(free for orders over \$200 ex GST)
Total \$ 132.06

Order No: 2485637

Certification and Acknowledgement (THIS SECTION MUST BE SIGNED)

1. Certification

I hereby certify that the above products are ordered for my and/or my immediate family's personal use.

2. Acknowledgement

I hereby acknowledge that the sale occurs in Queensland and that title of the goods passes to me at the time of sale.

Signature: _____ Print Name: _____ Date: ____/____/____

Card Details: ☐ Mastercard ☒ Visa or ☐ Cheque Enclosed

Card No.: 4 2 3 9 5 3 0 0 3 4 4 1 6 5 7 9

CW No: 687

Expiry Date: 11/16

Amount: \$

Name on Card (please print): ALEXANDRA MIDDLETON

Signature: Alexandra Middleton

Goods and Services Tax (GST) - All goods and services are subject to GST unless otherwise specified.
The total tax will be shown separately and added to the invoice price. GST free products are indicated by the symbol "f"