

Herbal Prescription

Patient: _____ Date: ____/____/____

Patent(s):

1. _____

Dosage: _____ Refills: _____ Expiration Date: ____/____/____

2. _____

Dosage: _____ Refills: _____ Expiration Date: ____/____/____

Ingredients	<input type="checkbox"/> Bulk <input type="checkbox"/> Powder	Lot Numbers	grams
1			0g
2			0g
3			0g
4			0g
5			0g
6			0g
7			0g
8			0g
9			0g
10			0g
11			0g
12			0g
13			0g
14			0g
15			0g
16			0g

Total grams: _____ # Bags: _____ Refills: _____ Expiration Date: ____/____/____

Dosage/Instructions: _____

Practitioner: _____ Phone #: _____

Prescription filled by: _____ Date: ____/____/____