



FINGER LAKES SCHOOL OF  
**ACUPUNCTURE**  
& **ORIENTAL MEDICINE**  
of New York Chiropractic College

## Oriental Medicine Dispensary

Seneca Falls Health Center  
2360 State Route 89  
Seneca Falls, NY 13148

Fax (315) 568-3684

Off. (315) 568-3278

### HERBAL FORMULA RECOMMENDATION FORM

Practitioner Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Date: \_\_\_\_\_  
 Shipping Address: \_\_\_\_\_ Email: \_\_\_\_\_ Refilled: \_\_\_\_\_  
 \_\_\_\_\_ Refilled: \_\_\_\_\_  
 \_\_\_\_\_  
 Patient Name: \_\_\_\_\_ # Refills: \_\_\_\_\_ Refill Expiry Date: \_\_\_\_\_  
 Shipping Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*SELECT ONE & complete form below with appropriate information*

<b>GRANULES:</b> Total Grams [] <b>State:</b> Ingredients w/dosages below	<b>RAW/LOOSE HERBS:</b> # of Packages/Bags: [] <b>State:</b> Ingredients w/dosages & Disp. instructions: crush, wrap in filter, package sep. [cook 1st] [cook last 10 mins] [add to decoct.]	<b>PREPARED PRODUCTS:</b> <b>State:</b> Co. & product name(s) below			
Granule, Raw or Company Name	Herb Name or Product Name	# Grams/ Quantity	Dispensary Preparations or Cooking Instructions	Price	Item Totals

<b>Dosage &amp; Instructions:</b>	<input type="checkbox"/> Prepared Products: Take <input type="checkbox"/> pills <input type="checkbox"/> times/day: <input type="checkbox"/> 30 minutes after meals <input type="checkbox"/> before meals <input type="checkbox"/> with meals
<b>Check if Form:</b>	<input type="checkbox"/> Granules: Take <input type="checkbox"/> spoons <input type="checkbox"/> times/day: <input type="checkbox"/> 30 minutes after meals <input type="checkbox"/> before meals <input type="checkbox"/> with meals
<input type="checkbox"/> Given to pt in clinic	<input type="checkbox"/> Raw/Loose: Follow <u>Standard</u> Instructions / Dosage Form (see enclosed form)
<input type="checkbox"/> Given to pt in clinic	<input type="checkbox"/> Raw/Loose: Follow <u>Special</u> Instructions / Dosage Form (see enclosed form)

Clinician Name (print) \_\_\_\_\_ (sign) \_\_\_\_\_

<b>For O.M. Dispensary Use Only:</b>	
Filled by: (print) _____	(sign) _____
Checked by: (print) _____	(sign) _____