

DOCTOR'S DETAILS		PATIENT DETAILS			
DATE		NAME			
DR'S NAME		PHONE NO. (H)			
PRESCRIBER NO.		ADDRESS			
DR'S PHONE					
DR'S FAX		D.O.B.		WEIGHT	

PRODUCT	QUANTITY	DIRECTIONS	REPEATS
<input type="checkbox"/> Tugun Primer 25mg <input type="checkbox"/> Tick for Manganese-Free	100 caps		
<input type="checkbox"/> Tugun Primer 50mg <input type="checkbox"/> Tick for Manganese-Free	100 caps		
<input type="checkbox"/> Tugun Primer 75mg (1 Dose = 2 Capsules) Manganese-Free	200 caps		
<input type="checkbox"/> Tugun Pyrrole Primer (1 Dose = 2 Capsules)	<input type="checkbox"/> 100 caps <input type="checkbox"/> 200 caps		
<input type="checkbox"/> Tugun Undermethylating Primer (1 Dose = 2 Capsules)	200 caps		
<input type="checkbox"/> Tugun Undermethylating Pyrrole Primer (1 Dose = 3 Capsules)	300 caps		
<input type="checkbox"/> Tugun LH-Formula	200 caps		
<input type="checkbox"/> Tugun Promoter // 87.5mg <input type="checkbox"/> Tugun Promoter // 175mg <input type="checkbox"/> Tugun Promoter // 350mg <input type="checkbox"/> Tugun Promoter with P5P 50mg, Zinc 50mg	100 caps		
<input type="checkbox"/> Inositol Capsules <input type="checkbox"/> 500mg <input type="checkbox"/> 650mg	<input type="checkbox"/> 200 caps <input type="checkbox"/> 300 caps		
<u>Transdermal Creams in Anhydrous Lipoderm</u> (packaged in syringes)			
<input type="checkbox"/> Tugun Pyrrole Primer (1 Dose = 2ml)	<input type="checkbox"/> 10 x 10mL <input type="checkbox"/> 10 x 20mL		
<input type="checkbox"/> Zinc 25mg/mL (as sulphate) previously known as Zinc Sulphate cream 72.6mg/mL	3 x 10mL		
<input type="checkbox"/> Zinc 50mg/mL (as sulphate)	3 x 10mL		
<input type="checkbox"/> Glutathione 200mg/0.5mL	6 x 5mL		
<input type="checkbox"/> Mutaflor (E.coli Nissle 1917) capsule	Specify QTY		
ADDITIONAL ITEMS:			

Doctor's Signature: