North Coast Family Health 875 Greenland Rd, Unit A-1 Portsmouth, NH 03801

E-Mail: dispensary@naturopathic-doctors.com

Dispensary Phone: 603-427-2865

DISPENSARY REFILL FORM

ORDERING INFORMATION

For your convenience we invite you to call in, email, or fax refill orders of dispensary items to our office.

Our dispensary email address is: dispensary@naturopathic-doctors.com.

Fax orders to the attention of **Dispensary Orders** at **603-427-2801**.

Please include in your email or fax:

CUSTOMER INFORMATION

- Patient's full name and address. (We have some patients with the same names, and we want to send *your order to your address!*)
- Manufacturer of supplements.
- Specific supplement and number of capsules per bottle.
- Quantity of bottles you'd like us to send of each supplement.

Your dispensary items will be shipped the day after we receive your order and your payment has been received.

You will be notified when your order has been shipped or you may pick up items at our clinic when you have an appointment with one of our practitioners.

Name:	Phone N	Phone Number:	
Address: ORDER INFORMATION			
			Manufacturer