

THE CENTER FOR HEALTH & NUTRITION
OPTIFAST Home Delivery Service Order Form

This service is only available for CURRENT OR FORMER PATIENTS.
To order please call: 630-986-2800 (phone) OR fax completed form to: 630-986-2440 (fax)

Name: _____ Phone: _____

Shipping Address: _____ Apt/Suite _____

City: _____ State: _____ Zip: _____ E-mail: _____

Preferred Communication Method: E-mail Phone

Products for Order:

OPTIAST 800 Ready to Drink: Case = 27, 8 oz servings

<input type="checkbox"/> Chocolate	No. of Cases	___	x	\$87.75	=	_____
<input type="checkbox"/> Vanilla	No. of Cases	___	x	\$87.75	=	_____
<input type="checkbox"/> Strawberry	No. of Cases	___	x	\$87.75	=	_____

OPTIFAST 800 Drink Mix (Powder): Carton = 7 single packets

<input type="checkbox"/> Chocolate	No. of Cartons	___	x	\$19.25	=	_____
<input type="checkbox"/> Vanilla	No. of Cartons	___	x	\$19.25	=	_____
<input type="checkbox"/> Strawberry	No. of Cartons	___	x	\$19.25	=	_____

OPTIFAST 800 Bars: Carton = 7 bars

<input type="checkbox"/> Chocolate	No. of Cartons	___	x	\$22.75	=	_____
<input type="checkbox"/> Peanut Butter Chocolate	No. of Cartons	___	x	\$22.75	=	_____
<input type="checkbox"/> Berry	No. of Cartons	___	x	\$22.75	=	_____

OPTIFAST 800 Soup Mix: Carton = 7 single packets

<input type="checkbox"/> Garden Tomato	No. of Cartons	___	x	\$22.75	=	_____
<input type="checkbox"/> Chicken	No. of Cartons	___	x	\$22.75	=	_____

Orders are limited to no more than 100 servings per month or order.
Maximum use is 3 products per day.

Shipping & Handling: Flat Fee \$20.00

Total to be Charged to Credit Card _____

Credit Card Billing Information: Visa MasterCard American Express Discover

Account number: _____ Expiration Date: _____/_____/_____

Name on Card: _____

Billing Address: _____ City: _____ State: _____ Zip: _____
(please complete only if different than shipping address)

Retain this information so you don't have to provide it again for subsequent orders? Yes No

By placing this order, you agree to only use up to three Optifast products daily as part of a balanced diet. Attempting a complete meal replacement fast without proper physician supervision may result in injury or death.

Signature: _____ Date: _____