

Program week:
12 week 1, 2, 3
6 week 1, 2
12 week repeat
6 week repeat
6 week extend

OPTIFAST Patient Order Form

Name: _____ **Date:** _____

<u>Powder</u>		<u>Quantity</u>
Chocolate	\$2.85	_____
Strawberry	\$2.85	_____
Vanilla	\$2.85	_____
HP-Chocolate	\$3.50	_____
HP-Vanilla	\$3.50	_____

<u>Soup</u>		
Tomato	\$3.50	_____
Hot 'N Slim	\$1.00	_____

<u>Premixed Bricks</u>		
Chocolate	\$3.50	_____
Strawberry	\$3.50	_____
Vanilla	\$3.50	_____

<u>Bars</u>		
Chocolate	\$4.25	_____
(1 Bar = 1 Meal Replacement)		
Peanut Butter	\$2.50	_____
(2 Bars = 1 Meal Replacement)		

BeneFiber	\$11.50	_____
BeneProtein	\$14.00	_____

Total Quantity: _____

<i>Payment:</i>	<i>Product</i>	_____
	<i>Services</i>	_____
	<i>Total:</i>	_____

Comment: