



L A Z A R U S W E L L N E S S

NUTRACEUTICAL ORDER FORM

DAILY FOUNDATION FORMULAS - Basic Supplementation

	Size	Price	Quantity	Total Price
Core D3	60 liquid caps	\$23.50	_____	_____
Core Essentials	30 packets	\$73.25	_____	_____
Core C Support	100 capsules	\$18.25	_____	_____
Core Defense	30 scoops	\$48.95	_____	_____
Core Mag	160 capsules	\$25.25	_____	_____
Core Omega	120 liquid caps	\$32.95	_____	_____
Core Probiotics	60 count	\$33.95	_____	_____
Core Protein	30 scoops	\$72.50	_____	_____

REPAIR FORMULAS - Acute Imbalances

	Size	Price	Quantity	Total Price
Adrenal Repair	90 capsules	\$31.25	_____	_____
Digestive Repair	90 tablets	\$34.50	_____	_____
Immune Repair	90 capsules	\$35.50	_____	_____
Muscle Repair	30 scoops	\$63.25	_____	_____

RESTORE FORMULAS - Subacute Imbalances

	Size	Price	Quantity	Total Price
Metabolic Restore	150 capsules	\$47.25	_____	_____
Neuro Restore	210 capsules	\$93.25	_____	_____

SUPPORT FORMULAS - Condition Prevention

	Size	Price	Quantity	Total Price
Hydration Support	30 scoops	\$26.75	_____	_____
Digestive Support	60 capsules	\$27.25	_____	_____
Metabolic Support	60 capsules	\$29.50	_____	_____
Muscle Support	30 scoops	\$34.50	_____	_____
Neuro Support	120 capsules	\$37.95	_____	_____
Sleep Support	60 servings	\$49.95	_____	_____

DEFENSE FORMULAS - Personal Vulnerability

	Size	Price	Quantity	Total Price
Immune Defense	90 tablets	\$30.95	_____	_____

SUB TOTAL \$ _____



L A Z A R U S W E L L N E S S

Patient Name _____

How do you want to receive your supplements?

Pick up at Danville Office

Pick up at Napa Office

Ship to.....Name _____

Street _____

City, State, Zip _____

Are you currently enrolled in a Wellness Warrior Program? YES NO

REPAIR

TRAIN Receive 10% off supplement orders

MASTER Receive 10% off supplement orders

MAINTAIN Receive 20% off supplement orders

FOR OFFICE USE ONLY

Total number of products ordered _____

Total cost \$ _____

Subtract Discount \$ _____

Shipping Cost \$ _____

Total Due \$ _____

Ship Date _____

Ready for pick up on _____

Customer payment (circle one)

Credit Cash Check

Date Paid _____