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## The Nyerongsha Institute for Tibetan Medicine and Culture

### REFILL REQUEST

*(Please use this form to order additional herbs – see below for mailing information)*

PLEASE FILL OUT ALL INFORMATION COMPLETELY

Name:

Street Address:

City:

State:

Zip:

Phone:

Age:

Date:

Have there been any major changes in your life (diet, activities, season, location, medical condition, etc.) since you were last seen? If yes, please provide a short explanation below (print clearly):

### HERBAL ORDER

SEE YOUR HERB PACKETS FOR NAMES (“AGAR 35”) AND INSTRUCTIONS (“2 PILLS AT BEDTIME”)

NAME of Herb / Pill (Include number, if listed (“Agar 35”))	INSTRUCTIONS (How many, how often)	AMOUNT Needed (Number of pills)
1. _____		
2. _____		
3. _____		
4. _____		
5. _____		

Please send your form by fax or mail at least 10 DAYS BEFORE your herbs run out. (Do NOT send your original herbal order form.) You will receive a bill with your herbal refill.

MAIL: Dr. Dickey Nyerongsha  
P.O. Box 642141  
Los Angeles, CA 90064

FAX: (310) 557-9834

### INFORMATION & APPOINTMENTS:

S.F. Bay Area/Los Angeles: 310-551-2658 • San Diego: 619-624-0506 • Tucson: 520-250-4006 / 520-885-6527