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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:

Date:

Street Address:

City:

State:

Zip:

Phone:

Email:

Age:

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. _____		

Order by phone (credit card only), mail or email at least 10 DAYS BEFORE your herbs run out. (Do NOT send your original herbal order form.) If you order by mail, email or fax, an invoice will be included in your package, due upon receipt.

CREDIT CARD:

(510) 666-5692

MAIL:

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

EMAIL:

PLAMU24@gmail.com

FAX:

(310) 557-9834

San Francisco Bay Area/Los Angeles: (310) 551-2658 • San Diego: (619) 624-0506 • Tucson: (602) 568-0107