

༄༅། ཉམ་རྩིང་ཤག་བོད་ལུགས་གསོ་རིག་རིག་གནས་འགྲོ་མཚན་གྱིང།

## 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. _____		

You can order by email, fax, or regular mail. The request should arrive at the Nyerongsha office at least 10 DAYS BEFORE your herbs run out. (Note: Do NOT send your original herbal order form.) An invoice will be included in your package, due upon receipt.

MAIL: Dr. Dickey Nyerongsha, P.O. Box 642141, Los Angeles, CA 90064  
EMAIL: TibetanHerbals@hotmail.com  
FAX: (310) 557-9834

San Francisco Bay Area/Los Angeles: (310) 551-2658 • San Diego: (619) 277-0506 • Tucson: (602) 568-0107