

Custom Order Recipe Form

Practitioners, please fill out and return this form to clients@tonicherbshop.com. If you have any questions, please call us at 304-870-4527. We fill formulas on Tuesdays.

Date:			Date:	-	
Formula Name:			Formula Name:		
Quanti	ty (total ml or oz):		Quantit	y (total ml or oz):	
	l (original date of formula,	ingredients)		(original date of formula,	ingredients)
Ingredie			Ingredie	<u>ents</u>	
QTY*	HERB	Lot #	QTY*	HERB	Lot #
	(please include part)	(for Tonic's use)		(please include part)	(for Tonic's use)
* nlease	e use ml for tinctures & oz	for teas	* nlease	use ml for tinctures & oz f	or teas
picus	e use mi joi inclures α o_{ζ_1}	jor reas	precise	tibe int joi timetimes ee exj	
	tions:		prease	use major unicum es & oxy	
				tions:	
Instruc Date:	tions:		Instruct	tions:	
Instruc Date: Formul	a Name:		Instruct Date: Formu	la Name:	
Date: Formul Quantit	a Name:y (total ml or oz):		Instruct Date: Formu Quanti	la Name:ity (total ml or oz):	
Date: Formul Quantit	a Name:		Instruct Date: Formu Quanti	la Name:	
Date: Formul Quantit Refill Ingredie	a Name: y (total ml or oz): (original date of formula,	ingredients)	Date: Formu Quanti	itions:	ingredients)
Date: Formul Quantit	a Name: y (total ml or oz): (original date of formula, this HERB	ingredients)	Date: Formu Quanti	la Name: ity (total ml or oz): Il (original date of formula, HERB	ingredients)
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Date: Formul Quantit Refill Ingredie	a Name: y (total ml or oz): (original date of formula, this HERB	ingredients)	Date: Formu Quanti	la Name: ity (total ml or oz): Il (original date of formula, HERB	ingredients)
Date: Formul Quantit Ingredie QTY*	a Name: y (total ml or oz): (original date of formula, this HERB	ingredients) Lot # (for Tonic's use)	Date: Formu Quanti Refil Ingredi QTY*	la Name: ity (total ml or oz): Il (original date of formula, HERB	ingredients) Lot # (for Tonic's use