



FACSIMILE ORDER SHEET

Date : _____
To : Integrated Medicine Institute
Phone: (852) 28682118
Fax # : (852) 2537 1833
Email: dispensary@imi.com.hk

Sender's Name : _____
Contact # : _____
Fax # : _____
E-mail address : _____

Order Items :

	Product Name	Size	Qty	Price (HKD\$)
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____

Postal Address : _____

(Courier / Air Mail / Speed Post / Local Mail - Please ✓)

Please charge to the following credit card (Visa / Master) :

Credit Card Number : _____
Expiry Date : _____
Name of the Card Holder : _____

Signature : _____
Thank you