

**By Design OPTIFAST® Product Order Form**

Patient Name: \_\_\_\_\_

Date: \_\_\_\_\_

<b>OPTIFAST 800- Ready to drink</b>		<b>\$3.70 each</b>
Flavor	Quantity	
Chocolate		
Vanilla		
Strawberry		
<b>OPTIFAST 800- Powder</b>		<b>\$3.00 each</b>
Flavor	Quantity	
Chocolate		
Vanilla		
Strawberry		
<b>OPTIFAST 800- Soup</b>		<b>\$3.70 each</b>
Flavor	Quantity	
Chicken		
Garden Tomato		
Vegetable		
<b>OPTIFAST HP- Powder</b>		<b>\$3.70 each</b>
Flavor	Quantity	
Chocolate		
Vanilla		
<b>OPTIFAST 800- Bar</b>		<b>\$4.45 each</b>
Flavor	Quantity	
Chocolate		
Berry Crunch		
Chocolate Peanut Butter Crunch		
<b>BENEPROTEIN</b>		<b>\$0.75 each</b>
	Quantity	
Unflavored		
<b>Total</b>		

Please write the number of each type/flavor of OPTIFAST product you would like to order.

All product orders will be ready for pick up immediately following your group session.

**\*Please Note\***

**All sales are final. We cannot offer product refunds or exchanges.**

Order filled by: \_\_\_\_\_