

By Design OPTIFAST® Product Order Form

Patient Name: _____

Date: _____

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

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: _____