



PATIENT PRODUCT LIST & ORDER FORM

**Patient Details:**

Name: _____ Email: _____

Shipping Address: _____

City: _____ State: _____ Post Code: _____ Phone: _____

Product Name	Price	Size	Form	Dosage	Order Qty
GABA 500mg	\$21.95	100	caps		
Inositol 500mg	\$12.99	100	caps		
Niacinamide 500mg	\$12.95	100	caps		
SAM-E 200mg	\$34.99	60	tabs		
SAM-E 400mg	\$64.99	60	tabs		
Calcium 1000mg/Magnesium 500mg	\$29.95	250	tabs		
Liposomal Vitamin C Liquid - 333mg/ml	\$160	480	mls		
Methionine 500mg	\$28	100	caps		
Vitamin C 1000mg	\$19.95	100	caps		
CoEnzyme Q10 150mg	\$37.95	60	caps		
Glutathione Reduced Cream (200mg/0.5g)	\$83	30g	cream		
Zinc (as Sulphate) Cream (50mg/g)	\$50	50g	cream		
Zinc Picolinate 30mg	\$21.95	100	caps		
Zinc Picolinate 45mg	\$22.95	100	caps		
ACP Primer SD 25mg (Manganese Free?)	\$70	100	caps		
ACP Primer 50mg (Manganese Free?)	\$72	100	caps		
ACP Overmethylating Primer (Dose=2 caps)	\$85	100	caps		
ACP Undermethylating Primer (Dose=2 caps)	\$85	100	caps		
MTHFR Caps Methylcobalamin 400mcg,5-MTHF 400mcg, P5P 25mg, R5P 100mg, Vit E 100iu, Zn 25mg/capsule	\$90	100	caps		
MTHFR Caps + TMG 500mg/2 caps - Dose = 2 capsules	\$120	100	caps		
ACP MT Promoter 87.5mg	\$72	100	caps		
ACP MT Promoter 175mg	\$79	100	caps		
ACP MT Promoter 350mg	\$82	100	caps		
ACP Low Histamine (LH) Vit C 175mg, Niacinamide 175mg, Folic Acid 800mcg, B12 500mcg	\$28	100	caps		
ACP Pyrrole Primer - Pyridoxal 5 Phosphate- 75mg, B6 Pyridoxine HCl 100mg, Zinc 50mg	\$62.75	100	caps		
ACP Childrens Pyrrole Primer- Pyridoxal 5 Phosphate- 25mg, B6 Pyridoxine HCl 50mg, Zinc 25mg	\$42.90	100	caps		
Pyrrole Cream Zn 25mg,P5P 20mg,B6 80mg,Mg 11mg/g [] Add Manganese 3.75mg	\$60	100g	Cream		

Special Instructions: _____

Payment Details (For patient to complete): Visa MasterCard Cheque/Money Order

Cardholders Name: _____

Card Number: _____ / _____ / _____ / _____ CVN: _____

Expiry Date: _____ / _____ Signature: _____

Located on the back
of your Credit Card

Last update: 17 Apr 2015

Physician Signature — dispense as written_____
Physician Printed Name_____
Date**PLEASE SEND COMPLETED ORDER FORM TO****FAX:** 07 56766371 / **EMAIL:** goldcoast@acpharmqld.com.au**Post:** 1/24 Surfers ave, Mermaid Waters 4218ACPharm QLD **Phone:** 1300 696 337 **Fax:** 07 56766371
Web: www.acpharmqld.com.au **Email:** goldcoast@acpharmqld.com.au