



Kenneth C. Greep L.Ac.

Herbal Prescription Form

Patient: _____ Date: _____

1. *Patent(s)*: _____

Dosage: _____ Refills: _____ Expiration Date: _____

2. *Patent(s)*: _____

Dosage: _____ Refills: _____ Expiration Date: _____

	Ingredients <input type="checkbox"/> <i>Raw</i> <input type="checkbox"/> <i>Powder</i>	Lot Numbers	grams
1			g
2			g
3			g
4			g
5			g
6			g
7			g
8			g
9			g
10			g
11			g
12			g
13			g
14			g
15			g
16			g

Total Grams: _____ # Bags: _____ # Refills: _____ Expiration Date: _____

Dosage / Instructions: _____

Practitioner: _____ Phone # _____

Prescription filled by: _____

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