

OPTIFAST® Home Delivery Service Order Form

AMITA Health Weight Loss Solutions

This service is only available for CURRENT OR FORMER PATIENTS.

To order please call: 630-986-2800 (phone) OR fax completed form to: 630-986-2440 (fax)

Name: _____ Phone: _____

Shipping Address: _____ Apt/Suite _____

City: _____ State: _____ Zip: _____ E-mail: _____

Preferred Communication Method:

E-mail

Phone

OPTIFAST® 800 Ready to Drink: Case = 27, 8 oz servings

- | | | | | | | |
|-------------------------------------|--------------|-----|---|---------|---|-------|
| <input type="checkbox"/> Chocolate | No. of Cases | ___ | x | \$94.50 | = | _____ |
| <input type="checkbox"/> Vanilla | No. of Cases | ___ | x | \$94.50 | = | _____ |
| <input type="checkbox"/> Strawberry | No. of Cases | ___ | x | \$94.50 | = | _____ |

OPTIFAST® 800 Drink Mix (Powder): Carton = 7 single packets

- | | | | | | | |
|-------------------------------------|----------------|-----|---|---------|---|-------|
| <input type="checkbox"/> Chocolate | No. of Cartons | ___ | x | \$21.00 | = | _____ |
| <input type="checkbox"/> Vanilla | No. of Cartons | ___ | x | \$21.00 | = | _____ |
| <input type="checkbox"/> Strawberry | No. of Cartons | ___ | x | \$21.00 | = | _____ |

OPTIFAST® 800 Bars: Carton = 7 bars

- | | | | | | | |
|--|----------------|-----|---|---------|---|-------|
| <input type="checkbox"/> Chocolate | No. of Cartons | ___ | x | \$24.50 | = | _____ |
| <input type="checkbox"/> Peanut Butter Chocolate | No. of Cartons | ___ | x | \$24.50 | = | _____ |
| <input type="checkbox"/> Apple Cinnamon | No. of Cartons | ___ | x | \$24.50 | = | _____ |

OPTIFAST® 800 Soup Mix: Carton = 7 single packets

- | | | | | | | |
|--|----------------|-----|---|---------|---|-------|
| <input type="checkbox"/> Garden Tomato | No. of Cartons | ___ | x | \$21.00 | = | _____ |
| <input type="checkbox"/> Chicken | No. of Cartons | ___ | x | \$21.00 | = | _____ |
| <input type="checkbox"/> Vegetable | No. of Cartons | ___ | x | \$21.00 | = | _____ |

OPTIFAST® High Protein Powder: Carton = 6 single packets

- | | | | | | | |
|------------------------------------|----------------|-----|---|---------|---|-------|
| <input type="checkbox"/> Chocolate | No. of Cartons | ___ | x | \$25.50 | = | _____ |
| <input type="checkbox"/> Vanilla | No. of Cartons | ___ | x | \$25.50 | = | _____ |

Orders are limited to no more than 100 servings per month or order.
Maximum use is 3 products per day.

Shipping & Handling: Flat Fee \$25.00

Total to be Charged to Credit Card _____

Credit Card Billing Information: Visa MasterCard American Express Discover

Account number: _____ Expiration Date: ____/____/____

Security Code: _____

Name on Card: _____

Billing Address: _____ City: _____ State: _____ Zip: _____

Retain this information so you don't have to provide it again for subsequent orders? Yes No

By placing this order, you agree to only use up to three Optifast products daily as part of a balanced diet. Attempting a complete meal replacement fast without proper physician supervision may result in injury or death.

Signature: _____ Date: _____