OPTIFAST® Nutrition Products Order Form

Name: _____ Date:_____

Treatment Week: ____ Total Number of Servings Needed: _____

We strive for excellence and accuracy when filling your product orders. Unfortunately, mistakes can happen. We ask that you please check your order before leaving the center. **Due to strict standards, no adjustments or exchanges can be made once the order leaves the building.** Thank you for your understanding and cooperation.

OPTIFAST® 800 Powder

7 servings per carton	**# of cartons**
Chocolate	_____
Vanilla	_____
Strawberry	_____

OPTIFAST® 800 Ready to Drink

27 bricks per case	**# of briks**
Chocolate	_____
French Vanilla	_____
Strawberry	_____

OPTIFAST 800® Soup Powder

7 servings per carton	**# of cartons**
Chicken flavor	_____
Garden Tomato Flavor	_____

OPTIFAST® Nutrition Bars

Individual servings	**# of bars**
Chocolate	_____
Peanut Butter	_____
Honey Nut ‘n Oat	_____

Total Product order:

_____ Servings OPTIFAST 800 Powder
_____ Servings OPTIFAST RTD
_____ Servings Soup Powder
_____ Servings Nutrition Bars