

Prescription Requisition Form

Practitioner Name: _____ Date: _____

Patient Name: _____

Days Prescribed: _____ Grams per Day: _____ Dosage: _____

Total Granule Grams: _____ ÷ Total Raw Grams: _____ = Conversion Ratio: _____

	Single Herb or Formula Name	Grams	Adj. Total
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			