



PATIENT ORDER FORM

Quality Products Made with Quality of Life in Mind™

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| ORDERING OPTIONS & SHIPPING/HANDLING FEES: | | | | CUSTOMER INFORMATION:: | | | |
|---|--------------|----------|--------|---|--------------|----------|--------|
| <ul style="list-style-type: none">• Orders under \$250.00: \$6.00* – Domestic US, Standard Flat Rate. Our choice of delivery method – USPS or UPS. Allow 2-5 business days.• Orders \$250.00 + over: FREE* Domestic US, Standard Flat Rate. Our choice of delivery method – USPS or UPS. Allow 2-5 business days.• Orders may be placed on our website, by telephone, by email, by fax, or by mail. No walk-ins, please.• Shipping Rates other than Standard Flat Rate may be estimated on our website or on the telephone.• EXPEDITED SHIPPING options are available with UPS and USPS (and FedEx will be coming soon).• PICK UP ORDERS FREE for Local Customers, at our rear entrance. Please place your order ahead of time BEFORE coming to pick it up.* | | | | <input type="checkbox"/> I am a NEW Customer . Check if YES | | | |
| | | | | Practitioner Name: | | | |
| | | | | Practitioner CODE #: | | | |
| | | | | Customer Name : | | | |
| | | | | Customer daytime Phone #: | | | |
| | | | | Customer E-Mail Address : | | | |
| CUSTOMER ADDRESS – Usually where the patient lives or receives mail | | | | SHIPPING ADDRESS – Usually for shipping With UPS or FedEx | | | |
| The address below is the same as the credit card address. <input type="checkbox"/> Check here if NO | | | | <input type="checkbox"/> Same as billing address. <input type="checkbox"/> Tell me how my order is shipping: USPS or UPS. | | | |
| USPS mail-to Name: | | | | UPS ship-to name: | | | |
| Address or PO BOX: | | | | Address: | | | |
| City/Town: | | | | City/Town: | | | |
| State: Zip: | | | | State: Zip: | | | |
| COMMENTS / *Credit Card Billing Address. (if different than above) | | | | PAYMENT INFORMATION. | | | |
| | | | | CARD #: | | | |
| | | | | Exp. Date: CID Code: | | | |
| | | | | Name on Card: | | | |
| | | | | SIGNATURE: | | | |
| ITEMS TO ORDER (see price list or go to website): | | | | Download our price list at: www.mossnutrition.com/patients/faq/ | | | |
| Product # | Product Name | Quantity | Price: | Product # | Product Name | Quantity | Price: |
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| * NOTE: Flat rate shipping rates do not include extra charges for expedited shipping, cooler bags for heat sensitive items, or orders shipped outside the domestic United States. | | | | Subtotal: We'll add shipping, tax (if any) & total the order. | | | |
| 6.25% sales tax will be billed when delivery address is in Massachusetts. For more information & policies, please go to: www.mossnutrition.com/patients/faq/ | | | | <input type="checkbox"/> Please contact me with my Grand Total BEFORE processing my order. Last updated on 5/20/2025 | | | |