

# Harmony Women's Health

## ENVIRONMENTAL DROPS RE-ORDER FORM

Name: \_\_\_\_\_ Date of request: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home #: \_\_\_\_\_ work #: \_\_\_\_\_ Email: \_\_\_\_\_

I need the following drops (please mark the appropriate spaces): CPT code: 95165

- |                                    |   |
|------------------------------------|---|
| <input type="checkbox"/> TREE MIX  | <input type="checkbox"/> DUST MITE/HOUSE DUST |
| <input type="checkbox"/> WEED MIX  | <input type="checkbox"/> TOBACCO              |
| <input type="checkbox"/> MOLD MIX  | <input type="checkbox"/> DOGS/CATS            |
| <input type="checkbox"/> GRASS MIX | <input type="checkbox"/> Other _____          |

Total number of bottles:  @ \$50 per bottle \$ \_\_\_\_\_

Shipping and Handling: \$ 5.00  
(FedEx available for \$25.00)

TOTAL AMOUNT: \$ \_\_\_\_\_

Method of Payment:

- Check (enclosed) Amount: \_\_\_\_\_
- Credit Card (circle type):    Visa    MC

Account No. \_\_\_\_\_ Exp Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- Please mail my drops
- I will pick up my drops at the office (please call when they are ready)

**Let us know how you are doing!** Please rate the following symptoms relative to how much they bothered you over the past month on a 0-10 scale where **0** is not a problem at all, **5** is a moderate problem, and **10** is the worst imaginable.

|                       |  |
|-----------------------|--|
| Menstrual cramps      |  |
| Premenstrual cramps   |  |
| Pelvic pain           |  |
| Pain with intercourse |  |
| Nerve pain            |  |
| Breast tenderness     |  |
| Bloating              |  |
| Nausea/vomiting       |  |
| Constipation          |  |
| Diarrhea              |  |

|                       |  |
|-----------------------|--|
| Pain with BM          |  |
| Headache              |  |
| Stress                |  |
| Fatigue               |  |
| Irritability          |  |
| Depression            |  |
| Anxiety               |  |
| Memory                |  |
| Carbohydrate cravings |  |
| Food cravings         |  |

|                   |  |
|-------------------|--|
| Sex drive         |  |
| Vulvar pain       |  |
| Urinary frequency |  |
| Nocturia          |  |
| Sinus headaches   |  |
| Runny nose        |  |
| Coughing          |  |
| Sneezing          |  |
| Itching skin      |  |