Maria Tarnev-Wydro, HD 716-913-3017 www.YourNaturalDoctor.com

Product Order Form New Re-order Date_____

Name:_____

Address:_____City_____State_____ZIP_____

Tel#_____Cell_____

Email_____You can email the form to mariatarnev@yahoo.com

Quantity	Description	Amount	Price	Note:

Payment Type: Visa MC Check Cash Total Amount_____

Cardholder Name _____

Card Number _____Exp_____

Signature_____