



Practitioner Lotus Form

California College of Ayurveda Healthcare Center

Date of Visit: _____ Patient Name/Phone# : _____

AHC/CAS Name-Phone#: _____ Patient Email _____

Qty	Type of Visit (CIRCLE TYPE OF VISIT)	Price	Total
	Ayurvedic Health Counselor (AHC): <input type="checkbox"/> Initial Consultation <input type="checkbox"/> Report of Findings N/C	125.00	
	Ayurvedic Health Counselor (AHC): Follow-Up Visit # _____	85.00	
	Clinical Ayurvedic Specialist (CAS): <input type="checkbox"/> Initial Consultation <input type="checkbox"/> Report of Findings N/C	165.00	
	Clinical Ayurvedic Specialist (CAS): Follow-Up Visit: # _____	125.00	
	Ayurvedic Doctor (AyD): <input type="checkbox"/> Initial Consultation <input type="checkbox"/> Report of Findings N/C	190.00	
	Ayurvedic Doctor (AyD): Follow-Up Visit: # _____	160.00	
Consultation Total			

Herbal Preparations

Qty	Herbs	Retail	Graduate Discount	Total
	Filled Capsules—per 50 caps	10.95	8.75	
	Churna—per ounce	6.95	5.75	
	Add 80¢ per gm shilajit	.80	.65	
	Add 30¢ per gm guggul (incl blends), Goldenseal, or Chandraprabha	.30	.25	
	Tea Bags—per ounce	6.95	5.75	
	Nasya (with Oil) 2 oz.	21.00	16.75	
	Nasya (with Ghee) 2 oz.	22.00	17.75	
	Salve (with Oil)—2 oz.	22.00	17.75	
	Salve (with Oil)— 4 oz.	29.00	23.25	
	Medicated Oil—4 oz.	26.00	20.75	
	Medicated Oil—8 oz.	42.00	33.75	
	Medicated Ghee —4 oz.	28.00	22.50	
	Medicated Ghee —8 oz.	44.00	35.25	
	Custom Aromatherapy Spritzer -4oz.	12.00	9.75	
	Herb Subtotal			
	Herb Discount	%	-	
	Herb Total			

Additional Products

Qty	Item	Retail	Total
Product Subtotal			
Tax (8.75%)			
Product Discount		-	
Product Total			

Consultation Total	
Herb Total	
Product Total	
Shipping (product/herb total up to \$70): \$6.50	
Shipping (product/herb total up to \$90): \$11.50	
Shipping over (product/herb total >\$90): \$16.50	
Shipping Int'l (up to 3 lbs) \$22.00	
Deposit Made	
TOTAL AMOUNT DUE:	

PICK-UP SHIP

<input type="checkbox"/> CASH	<input type="checkbox"/> CHECK	<input type="checkbox"/> CREDIT CARD
CARD #: _____	V CODE: _____	EXP: _____ BILLING ZIP CODE: _____
NAME (print): _____	SIGNATURE: _____	
I authorize repeated charges on the above credit card until otherwise requested <input type="checkbox"/>		