



28 Day **THRIVE** Detox & Weight-Loss Program

Package	Price	Quantity	Total
<input type="checkbox"/> THRIVE Monthly Membership (12 Months) (per office)	\$67.00 /mo	Unlimited	_____
<input type="checkbox"/> THRIVE Year Membership	\$697 1 Payment	Unlimited	_____
Grand Total			\$ _____

PLEASE PRINT CLEARLY

Order Date: _____

Dr. Name(s) (First/Last): _____

Clinic Name: _____

Address: _____

City: _____ **Province/State:** _____ **Postal/Zip Code:** _____

Phone: _____ **Fax:** _____

E-mail: _____

Card #: _____ **CVV:** _____ **Exiry:** _____

Authorized Signature: _____

There is a no refund policy on all orders

FAX ORDER TO 804-270-6551