

**PRODUCT ORDER FORM**

<b>Personal Particulars:</b>			<b>Date:</b>	
Name as in NRIC/FIN/Passport:				
NRIC/FIN/Passport No:			Age:	
Date of Birth:			Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Contact	Home:	Mobile:		Office:
Email:			Nationality:	
Method of Collection:		<input type="checkbox"/> Self Collection		<input type="checkbox"/> Delivery
Delivery/Shipping Address:				
*Delivery/shipping charges of \$15 per trip/per location applies within Singapore. For overseas shipping, please check with our Medical Concierge.				

No	Item Name	Unit Cost (\$)	Quantity	Total Cost (\$)
<b>USANA Health Supplements</b>				
<b>ESSENTIALS</b>				
1.	Cellsentials™ (224 tablets)	100.00		
2.	Usanimals™ (56 tablets)	28.00		
<b>OPTIMISERS</b>				
3.	Procosa™ (84 tablets)	64.00		
4.	Active Calcium™ (112 tablets)	34.00		
5.	Proflavanol® (90 tablets)	59.00		
6.	Proflavanol™ C100 (56 tablets)	79.00		
7.	CoQuinone™ 30 (56 soft gel capsules)	75.00		
8.	Poly C™ (120 tablets)	36.00		
9.	BiOmega™ (56 capsules)	37.00		
10.	E-Prime™ (60 gelatin capsules)	42.00		
11.	Ginkgo-PS™ (112 tablets)	65.00		
12.	Visionex™ (56 tablets)	59.00		
13.	PhytoEstrin™ (90 tablets)	42.00		
14.	Palmetto Plus™ (30 soft gel capsules)	46.00		
<b>DIGESTION/DETOX</b>				
15.	Hepasil DTX™ (84 tablets)	59.00		
16.	Digestive Enzyme (56 tablets)	48.00		
17.	USANA Probiotic™ (14 sticks)	39.00		
<b>MYSMART SHAKE</b>				
18.	MySmart™ Shake – Whey (14 Servings)	65.00		
19.	MySmart™ Shake – Soy (14 Servings)	65.00		
20.	Flavour Optimiser – Chocolate (7 Sticks)	10.00		
21.	Flavour Optimiser – Banana (7 Sticks)	10.00		
22.	Flavour Optimiser – Cappuccino (7 Sticks)	10.00		
23.	Flavour Optimiser – Orange Cream (7 Sticks)	10.00		
24.	MySmart™ Shake – Protein Plus Whey Booster (28 Servings)	35.00		
25.	MySmart™ Fibergy Plus Booster (28 Servings)	46.00		

**CREDIT CARD AUTHORISATION FORM**

Payment Details	
<b>Payment Method</b>	
<input type="checkbox"/> Credit Card <input type="checkbox"/> Cash <input type="checkbox"/> Cheque (Bank and Cheque No. _____)	
<b>For Credit Card Payment:</b> (Tick where appropriate)	
<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard	
Card Holder Name: _____	Card Number: _____
Expiry Date: _____	Security Code: _____
Credit Card Billing Address: _____	
_____	
Amount to be deducted: _____	
Terms and Conditions	
1) No Cancellation will be accepted upon confirmation of order. 2) The stated amount shall be payable to The Medical Concierge Group Pte Ltd (TMCG) and it is strictly non-refundable. 3) Rates are subject to change from time to time at TMCG's sole discretion and are subject to government goods and services tax. 4) Customer should complete TMCG's Service/Product Order Form. 5) TMCG will not be held liable for any harm or injury to the customer for any products purchased through it and/or during the course of services rendered by the medical professionals and/or healthcare partners of The Medical Concierge Group Pte Ltd. 6) TMCG reserves the right not to accept, process and/or honour any order if information provided in the order form is missing and/or incomplete. 7) By completing this Payment & Credit Card Authorisation Form, the customer hereby gives consent to TMCG to deduct the above stated amount. 8) The customer hereby gives consent to TMCG to collect, use and disclose the personal data provided for the purpose of delivery of service, and/or produce marketing of future promotions and event publicity. 9) The Medical Concierge Group Pte Ltd reserves the right to amend the terms and conditions at any time without prior notice. 10) In case of dispute, the decision of The Medical Concierge Group Pte Ltd shall be final.	
Confirmation	
I, _____ the undersigned, holder of NRIC/FIN/Passport No. _____ hereby confirm that I have read, fully understood, acknowledged and accept all the terms and conditions stated above. I hereby give consent for the stated amount of SGD _____ to be deducted from my credit card as indicated above.	
_____ Signature	_____ Date