SOUTH BAYLO UNIVERSITY CLINIC

www.southbaylo.edu/clinic

ANAHEIM CLINIC: 1126 North Brookhurst St. Anaheim, CA 92801 Phone: 714.533.3886 FAX: 714.520.0472
LOS ANGELES CLINIC: 2727 West 6th St. Los Angeles, CA 90057 Phone: 213.738.1974 FAX: 213.738.1923

HERBAL PRESCRIPTION for DECOCTION / RAW HERBS

Patient Name: _____ Date: ____/____/_____

No.	Pin Yin or Pharmacological Name	Chinese Name	Grams
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
Prepare ( ) packs / days		Delivery Date:	
Make ( ) individual packages after cooking, ( ) times a day			

Supervisor _____
signature

Pharmacist _____
signature

FOR RECEPTIONIST ONLY

Price	
Deposit	
Balance	
If unpaid, contact#	

PAID STAMP HERE

2020.3.9