

HEALING REACTIONS ORDER FORM

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP CODE: _____

<u>QUANTITY</u>	<u>PRICE</u>	<u>ITEM TOTAL</u>	<u>PRODUCT</u>
_____	x \$7.50 =	_____	DIT DA JOW. Pair of bottles. Each bottle: 5ml (0.17 fl oz.) (Single bottle: \$4.99 Specify: Bruise ____ or Sprain ____)
_____	x \$129.00 =	_____	PERSONAL SPECTRAL FORMULA. Requires photo of user. (For an estimation of number of herbs and weight of formulas contact the Curandero. Digital photo can be emailed to GETWELL@grazoph.com with SPECTRAL PHOTO as the subject line. Name of Spectral Formula user if different than purchaser: _____ . For gel cap packaging rather than bulk powder add \$11 per formula.)
_____	x \$50.00 =	_____	MIGRA-NOT <i>General Poison Antidote</i> . 5grams.
_____	x \$16.99 =	_____	GRAZOPH TEMUNA <i>Antidemential Dissimulator Power Pack</i> . 3grams Grazoph Temuna herbal powder, 3 grams Spirulina tablets, 0.25 grams MIGRA-NOT (A few people may require enzyme balanced Grazoph. Please specify: Low Not-Blue Enzyme _____ , Low Yellow Enzyme _____ or Low Orange Enzyme _____)
SUBTOTAL: _____			
SHIPPING: _____			(\$5.00 for U.S. orders. \$10.00 for international orders.)
MI Sales Tax: _____			(6% if applicable)
TOTAL: \$ _____			

All prices in U.S. Dollars. Make check or money order pay to the order of HEALING REACTIONS.

Healing Reactions
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734-678-1239
www.grazoph.com