NELSONS
HOMEOPATHIC
DISPENSARY

POST FORM TO: NELSONS HOMEOPATHIC DISPENSARY, 15 DUKE STREET, DUBLIN 2 OR

EMAIL: dublindispensary@nelsons.net EMAIL BEFORE 3 P.M. AND ORDER WILL GO OUT THE SAME DAY

TEL: (01) 6790451 FAX: (01) 6790457 VAT REG: IE 657 65 27 K MAIL ORDER: 9.30 TO 5.45 MON –FRI

DELIVERY NAME:
DELIVERY ADDRESS:
BILLING NAME :
BILLING TELEPHONE NUMBER:
PLEASE TICK IF YOU ARE A QUALIFIED HOMEOPATH OR A STUDENT OF HOMEOPATHY _____
METHOD OF PAYMENT **Paid by: Mastercard_____ Visa_____ Laser_____ Cheque_____ Postal Order_____**
Please debit my Mastercard / Visa/ Laser account number: **Security Digits** **_____/_____/_____/_____/_____** **_____** **(last 3 numbers on signature strip of card)** **Expiry Date:_____ Valid From Date:_____** **Please tick if you want us to store your details for future orders _____**

ORDER DETAILS

QUANTITY	PRODUCT	POTENCY	PILLS/TABLETS/POWDERS/ LIQUID	SIZE

SEE SECTION WHICH SPECIFIES SIZES AND QUANTITIES AVAILABLE.