

# YOUR ORDER

**Fax:** 00800-7030 7030 (toll free)  
or 0031-43-7999 330

**Phone:** 00800-8010 8040 (toll free)  
or 0031-43-7999 070

**E-mail:** [uk@pharmatrans.com](mailto:uk@pharmatrans.com)

or by mail to:

**PHARMATRANS INC.**  
**P.O. BOX 1006**  
**NL-6201 BA Maastricht**

- Please send me free of charge and any obligation information on VitaBasix<sup>®</sup> by LHP Inc. products.
- I herewith authorize you to get the following products at any pharmacy and to mail them to me.

DOCTOR'S STAMP	
<b>TO BE COMPLETED BY YOUR DOCTOR</b> (for prescription products only):	
Date:.....	Signature: .....

SENDER	
First/last name: .....	
Street: .....	
Postal code/City: .....	
Phone: .....	
Fax: .....	
E-mail: .....	

- YES, I agree that my personal data will be processed in order to receive the products requested from VitaBasix<sup>®</sup>. I have read and accepted the privacy policy ([www.pharmatrans.com](http://www.pharmatrans.com)).

Product No.	Product Description	Quantity	Price/Pack.	Amount
<b>Total</b>				

**Zone 1** (Austria, Germany, Luxembourg, Netherlands) For orders under the amount of EUR 75,- we charge EUR 6,20 for shipping and packing costs.

**Zone 2** (all other EU countries) For orders under the amount of EUR 75,- we charge EUR 8,20 for shipping and packing costs.

**Delivery time: approx. 10 business days**  
**Deliveries only possible to EU countries.**

**Payment for all incurred costs:**

by payment slip after receipt of the invoice

**Details concerning the acceptance of orders:**  
By phone, fax, mail, e-mail.  
You can reach us by phone:  
Monday through Friday 08:30 – 17:30.

DATE & SIGNATURE \_\_\_\_\_