complemedis

Application form

Please return by post. Many thanks.

Dear Customer

As a mail-order pharmacy, we are committed to ensuring the prescription and eligibility status of our customers before processing their prescriptions.

Thank you in advance for completing this form which should be returned to us by post.

Name:	.....	Practice / Company:	.....
First name:	.....	Tel.:	.....
Date of birth:	.....	Fax:	.....
Address:	.....	E-mail:	.....
Post code / Town/City:	.....		

☐ I have a cantonal professional licence to practise my profession. I enclose the relevant document.

☐ There is no requirement for authorisation to practise in my canton.

I hereby conform that I have sufficient knowledge of TCM (Traditional Chinese Medicine) herbal therapy.

Any changes to the practice location or the creation or cessation of practices will be reported immediately.

We also wish to point out that patients suffering from specific intolerances or chronic diseases must be referred to a doctor in accordance with legal requirements.

I acknowledge the contents of this form and have completed it truthfully.

Date: ..... Town/City: ..... Signature: .....