

Chart Order Form

Name: _____

Contact Number: _____

Payment Options: Cash, Cheque or Credit Card *(Please Circle)*

Credit Card Number

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Expiry Date /

Authorised Charge Amount: \$ _____

CHART TYPE	COST Per Chart	QUANTITY REQUIRED	TOTAL COST
Foot Reflexology	\$63		\$
Hand Reflexology	\$63		\$
Muscular System	\$48		\$
Skeletal System	\$48		\$
Lymphatic System	\$53		\$
Trigger Points	\$126		\$
		Overall Total Cost	\$