

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 | \$ |