

Dr Charles J Forsyth MBBS FFHom

North Cottage 11 Dovers Green Road Reigate Surrey RH2 8BU Tel: 01737 226338

HOMEOPATHIC PREVENTION OF INFLUENZA AND WINTER COLDS & COUGHS REQUEST FORM

Surname Used name Initials Title
Address
Town County Post code
Tel: Home Work Mobile
Email
Date of birth Are you a patient of Dr Forsyth? Yes No

Please supply me with the following:

Place a **tick** for preparations required & total up in A), B) & C)

Used name	Surname	Year of Birth	Patient of Dr Forsyth?	'Flu Prevention only	Cold/cough Prevention only	Both Combined
1	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(For more than ten people, please copy this form)

Postage, packing & mailing list administration: £ 2.25 A)..... @ £4.25 each B)..... @ £4.25 each C)..... @ £5-75 each

TOTAL COST = A) + B) + C) + £ 2.25 = £ _____ (Please enclose with this order)

PLEASE SEND ME THE ABOVE PREPARATIONS EACH WINTER: YES NO

Please send this completed form and payment ASAP to:

Secretary to Dr Forsyth, North Cottage, 11 Dovers Green Road, Reigate, Surrey, RH2 8BU

10/15/12