



# APPLICATION CHECKLIST

- Print the complete application package
- Read, initial and sign the *Code of Conduct*
- Read and fill out the *Application Form*
- Make an appointment with your Healthcare Practitioner. We accept completed forms from Doctors, Doctors of Traditional Chinese Medicine and Naturopaths.

Healthcare Practitioner: \_\_\_\_\_

Address: \_\_\_\_\_

Date: \_\_\_\_\_

Time: \_\_\_\_\_

- Have your Healthcare Practitioner fill out the *Healthcare Practitioner's Statement*. Ask that they fax the completed form directly from their office to Nature's Botanicals at 250-590-8090.

## FOR LOCAL PATIENTS

Once we receive your *Healthcare Practitioner's Statement*, come to Nature's Botanicals with your completed *Code of Conduct* and *Application Form*. You will then be issued a client membership card.

## FOR MAIL ORDER PATIENTS

Mail, fax or email your completed forms to Nature's Botanicals. If emailing the forms you must provide a signature on both the *Code of Conduct* and *Application Form*. Nature's Botanicals will contact you once the application package has been received and processed.