

 **APOTHECARY OPTIONS**

3006 Esplanade, Suite I, Chico, CA 95973 phone:
530-345-RxRx (7979) fax: 530-345-9797

BHRT Consultation Request

Name: _____ **Birth Date:** _____ **Age:** _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Day Phone: (____) _____ **Night Phone:** (____) _____ **Cell Phone:** (____) _____

Email: _____

Please Note: You **must** have a completed Confidential Medical History Form **and** a completed Symptom Survey on file prior to any consultation services. Please allow 2-3 business days for a response from our Professional staff.