



Women's International Pharmacy

CONNECTION NEWSLETTER ORDER FORM

(Specify number of newsletter requested on blank)

Name: _____ Clinic/Office Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

- | | | |
|---|---|---|
| <input type="checkbox"/> All About Balance | <input type="checkbox"/> Hair Loss | <input type="checkbox"/> Osteo Testing |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Headaches | <input type="checkbox"/> Oxytocin |
| <input type="checkbox"/> Autoimmune | <input type="checkbox"/> Heart | <input type="checkbox"/> PCOS |
| <input type="checkbox"/> Beyond Fatigue | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Pelvic Prolapse |
| <input type="checkbox"/> Bladder | <input type="checkbox"/> Hormone Testing | <input type="checkbox"/> PMS |
| <input type="checkbox"/> Bones | <input type="checkbox"/> Human Growth Hormone | <input type="checkbox"/> Probiotics |
| <input type="checkbox"/> Cholesterol | <input type="checkbox"/> Hydrocortisone | <input type="checkbox"/> Progesterone |
| <input type="checkbox"/> Cognition and Memory | <input type="checkbox"/> Hypoadrenalsim | <input type="checkbox"/> Prostate |
| <input type="checkbox"/> Compounded BHT
(Bioidentical Hormone Therapy) | <input type="checkbox"/> Hypothyroidism | <input type="checkbox"/> Skin |
| <input type="checkbox"/> DHEA | <input type="checkbox"/> Inflammation | <input type="checkbox"/> Sleep |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Insulin | <input type="checkbox"/> Successful Aging |
| <input type="checkbox"/> Digesting it All | <input type="checkbox"/> Liver | <input type="checkbox"/> Testosterone For Women |
| <input type="checkbox"/> Endometriosis | <input type="checkbox"/> Male Hormones | <input type="checkbox"/> Vaginal Health |
| <input type="checkbox"/> Estrogens | <input type="checkbox"/> Menopause | <input type="checkbox"/> Vitamin B12 |
| <input type="checkbox"/> Feminine Bleeding | <input type="checkbox"/> Mid-Life Check-Up | <input type="checkbox"/> Vitamin D |
| <input type="checkbox"/> Fibroids/Hysterectomy | <input type="checkbox"/> Moods and Hormones | <input type="checkbox"/> Weight |
| <input type="checkbox"/> Gallbladder | <input type="checkbox"/> Osteoporosis | <input type="checkbox"/> Yeast |