

Attention: Duplicate faxes! Please tick this box if you fax your order again due to an error message.

EN

Order form

Combined Synergies

Dr. Rath Cellular Nutrient Program

Order fax: +31 (0)45 71 11 119
 Postbus 657 NL – 6400 AR Heerlen
 Email: info@rath-programs.com
 IBAN: NL80.ABNA.0505.4511.82
 BIC: ABNANL2A

Free Call from UK: 0808-10 11 555*
 Order hotline: +31 (0)45 71 11 112
 Monday – Friday:
 08:30 am – 05:00 pm CET
 Online shop: www.dr-rath.com



Dr. Rath
 Health Programs B.V.

* Free for landline calls from the United Kingdom (England, Scotland, Wales and Northern Ireland). Charges from mobile phones may vary.

#1445/01-060726EN

I am already a customer,

my customer number is:

--	--	--	--	--	--	--	--	--	--

I am a new customer,

the ID of my consultant (if known) is:

--	--	--	--	--	--	--	--	--	--

On the recommendation of:

Name: _____

Qty.	Art. no.	Product	Price €
COMBINED SYNERGIES			
	2200	SYNERGY COMBINATION EpiQuercican™ 3x Vitacor Plus™ and 3x EpiQuercican™	314.40 273.90
	2201	SYNERGY COMBINATION Arteriforte™ 3x Vitacor Plus™ and 3x Arteriforte™	296.40 257.90
	2202	SYNERGY COMBINATION Osteoforte™ 3x Vitacor Plus™ and 3x Osteoforte™	278.40 240.90
	2203	SYNERGY COMBINATION Diacor™ 3x Vitacor Plus™ and 3x Diacor™	296.40 257.90
	2204	SYNERGY COMBINATION Dr. Rath Phyto ProM™ 3x Vitacor Plus™ and 3x Dr. Rath Phyto ProM™	296.40 260.90
	2205	SYNERGY COMBINATION Enercor™ 3x Vitacor Plus™ and 3x Enercor™	296.40 257.90
	2206	SYNERGY COMBINATION Relavit™ 3x Vitacor Plus™ and 3x Relavit™	296.40 260.90
	2207	SYNERGY COMBINATION Femicell™ 3x Vitacor Plus™ and 3x Femicell™	260.40 224.90
	2208	SYNERGY COMBINATION ImmunoCell™ 3x Vitacor Plus™ and 3x ImmunoCell™	275.40 237.90
	2210	SYNERGY COMBINATION EpiQuercican™ Intensive 3x Vitacor Plus™; 3x EpiQuercican™; 3x LyCin™; 3x Prolysin C™ and 3x VitaCforte™	616.50 449.90
	1100	SYNERGY PACKAGE EpiQuercican™ Intensive Comb. 3x Vitacor Plus™; 3x Dr. Rath's Phytobiologicals™; 3x EpiQuercican™; 3x LyCin™; 3x Prolysin C™ and 3x VitaCforte™	736.20 564.90

Qty.	Art. no.	Product	Price €
COMBINED SYNERGIES			
	2211	SYNERGY COMBINATION Metavit™ 3x Vitacor Plus™ and 3x Metavit™	281.40 244.90
	2212	SYNERGY COMBINATION Lensivit™ 3x Vitacor Plus™ and 3x Lensivit™	251.40 217.90
	2213	SYNERGY COMBINATION Illioforte™ 3x Vitacor Plus™ and 3x Illioforte™	239.40 207.90
	2214	Phyto Immune Package 1x Vitacor Plus™; 1x EpiQuercican™ and 1x Dr. Rath's Phytobiologicals™	144.70 113.90
	1036	Intensive Package Intestinal Cleansing 1x Dr. Rath's ProCultura; 1x Balance Control™ and 1x Dr. Rath's Phytobiologicals™	99.90 92.80
	2220	V-Defense Combination 1x Vitacor Plus™; 1x YouCell™-V and 1x Dr. Rath Vitamin D3™+K2 vegan	114.70 99.90
	10007	Diacor™ DRRI-Combination™ 1x Diacor™; 1x Osteoforte™ and 1x Dr. Rath Vitamin D3™+K2 vegan	103.70 92.90
	10016	Dr. Rath's MYO Combination 1x EpiQuercican™, 1x Dr. Rath's Phytobiologicals™ and 1x Femicell™	121.70 98.00
Delivery costs			
Total price per delivery			

<input type="checkbox"/> UK 3.20 €	<input type="checkbox"/> Denmark 5.90 €	<input type="checkbox"/> Sweden 6.90 €	<input type="checkbox"/> Slovenia 12.90 €	<input type="checkbox"/> Estonia 12.90 €	<input type="checkbox"/> Latvia 12.90 €
<input type="checkbox"/> Ireland 12.90 €	<input type="checkbox"/> Finland 12.90 €	<input type="checkbox"/> Bulgaria 16.90 €	<input type="checkbox"/> Lithuania 12.90 €	<input type="checkbox"/> Czech Republic 12.90 €	Other countries: on request

SENDER (Please use capital letters):

Name: _____

Address: _____

Zip/Postal code: _____

Town: _____

Country: _____

Telephone: _____

DOB: --

Email address*: _____

*Please fill in to receive the latest health information.

DELIVERY ADDRESS (if different):

Name: _____

Address: _____

Zip/Postal code: _____

Town: _____

Country: _____

Place, date and signature

(Please sign here for orders. Please also note the signature line in the payment methods).

METHOD OF PAYMENT	<input type="checkbox"/> Open account payment	<input type="checkbox"/> SEPA Direct Debit	<input type="checkbox"/> SEPA mandate already exists
	_____	Account holder: _____	Bank: _____
	_____	IBAN: <input type="text"/>	<input type="text"/>
	_____	SWIFT code (BIC): <input type="text"/>	<input type="text"/>
Please note: We do not give member discounts on our synergy packages and combinations.			I/We hereby authorise Dr. Rath Health Programs to withdraw payments from my/our account by way of direct debit transactions. At the same time, I/we instruct my/our bank to cash direct debit transactions that are drawn from my/our account by Dr. Rath Health Programs B.V. NB: I/we may request a refund of the debited amount within eight weeks of the debit date. The terms and conditions agreed with my/our credit institute shall apply.
_____ Signature			Place, date _____ Signature _____
By placing this order, I confirm that I have read and understood the Terms and Conditions and the Privacy Policy. These are available at https://shop.dr-rath.com/en-us/stc and will be sent free of charge on request.			