ORDER FORM owen homoeopathics

To order any of our product range, fill out the form below and phone or email to:

Owen Homoeopathics
443 Great Eastern Hwy
Redcliffe WA 6104
Ph: 08 9277 9565

Email us at: **owen@h-e-c.com.au**

Name: _____

Address: _____

_____ **Pcode:** _____

Ph: _____ **Email:** _____

Date: ___/___/_____

REMEDY NAME	APPLICATIONS	QTY	REMEDY NAME	APPLICATIONS	QTY
ACONITE 6c*	Fever, Colds, Croup		MERCURIUS 6c	Mouth Ulcers	
ALLIUM 6c	Hayfever, Sneezing		NAT MUR 6c	Hayfever, Sneezing	
ANAS BARB 200c	Colds, Influenza		NUX VOMICA 6c*	Hangover, Insomnia	
ANT TART 6c	Wheezy, Rattly Breathing		PHOSPHORUS 6c	Coughs	
APIS 6c	Hives, Allergic Reactions		PULSATILLA 6c*	PMS, Menstrual Symptoms	
ARNICA 6c*	Accidents, Injuries		RHUS TOX 6c*	Overexertion, Chicken Pox	
ARSENICUM 6c*	Vomiting, Diarrhoea		RUTA GRAV 6c	Sprains, Strains	
BELLADONNA 6c*	Fever, Earache		SEPIA 6c	Menstrual Symptoms	
BRYONIA 6c	Dry Cough, Painful Joints		SILICA 6c	Weak Nails	
CALC PHOS 6c	Growing Pains, Cramps		SPONGIA 6c	Dry Cough, Croup	
CANTHARIS 6c	Cystitis		SULPHUR 6c	Dry Scaly Skin	
CARBO VEG 6c	Digestive Weakness		THUJA 6c	Warts, Tinea	
CHAMOMILLA 6c*	Teething, Colic, Earache		VERATRUM ALB 6c	Vomiting, Diarrhoea	
COCCULUS 6c	Travel Sickness		HAYFEVER		
COLOCYNTHIS 6c	Abdominal Cramps			**TOTAL REMEDIES**	
EUPHRASIA 6c	Conjunctivitis, Hayfever		**40 REMEDY STAND**		
FERRUM PHOS 6c	Inflammation, Mild Fever		**12 REMEDY STAND** (remedies indicated by *)		
GELSEMIUM 6c*	Influenza		**HOME PRESCRIBER BOOKS**		
HEPAR SULPH 6c*	Loose Cough				
HYPERICUM 6c*	Injury to Nerves		**HEALING BALMS**		
IGNATIA 6c	Grief, Mental Strain		18 MIXED, C/LIP,C/SORE, B/STING		
IPECAC 6c	Nausea, Vomiting		CHAPPED LIPS BALM		
KALI BIC 6c	Sinusitis		CHAPPED LIPS BALM- BOX OF 18		
KALI MUR 6c	Earache, Head Cold		COLD SORE BALM		
KALI PHOS 6c	Nerve Tonic,Nerve Nutrient		COLD SORE BALM- BOX OF 18		
LEDUM 6c*	Stings, Puncture Wounds		BITE 'N STING BALM		
MAG PHOS 6c	Spasmodic Pains, Cramps		BITE 'N STING BALM- BOX OF 18		

Free bonus remedies

20 + remedies ordered - nominate one free remedy:
35 + remedies ordered - nominate 2 free remedies:
55 + remedies ordered - nominate 3 free remedies:
70 + remedies ordered - nominate 3 free remedies PLUS free freight:

Additional Notes:

Please charge my credit card:

☐ Mastercard ☐ Visa

CVV: Expiry Date: __ / __

Card Number: _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

Card holder's name: _____ Signature: _____

Owen homoeopathics

minimum dose maximum impact