Office Use Only				
Notes:				
Citadel: Yes OR No				
Paid:				

TRANSFORM your habits your health your life

ACTIVE Tues 7:15 PM/Wed 7:15 PM Meal Replacement (MR) Order Form

Name:	Pick up Date	: MRI	<mark>시:</mark>			
*Prescribed Number of Products per Wee	<u>k</u> :/wk					
(You are required to order your prescribed number of products each week through week 20)						

Туре	Selection	Number of MR (circle # below)	Number of MR per selection (write # below)
Powder Shakes (\$16.45/Box of 7 servings)	Vanilla (100)	7 – 14 – 21- 28	———
	Chocolate (101)	7 – 14 – 21- 28	
	Strawberry (102)	7 – 14 – 21- 28	
Ready - To –Drink (\$18.76/box of 7 servings)	Vanilla (103)	7 – 14 – 21- 28	
	Chocolate (104)	7 – 14 – 21- 28	
	Strawberry (105)	7 – 14 – 21- 28	
Bars (\$16.31/Box 7 servings)	Cinnamon (119)	7 – 14 – 21- 28	
	Berry ₍₁₂₃₎	7 – 14 – 21- 28	
	Fudge Graham (124)	7 – 14 – 21- 28	
	Peanut Butter (125)	7 – 14 – 21- 28	
	Mint Chocolate (128)	7 – 14 – 21- 28	
Soup (\$18.48/box of 7 servings)	Tomato (106) Or	7 – 14	
Limit 2 box per week	Chicken (107)	7 – 14	

*Key: 1 Box = 7 Products

42 Products per wk	6 products/day	
49 Products per wk	7 products/day	
56 Products per wk	8 products/day	
63 Products per wk	9 products/day	
70 Product per wk	10 products/day	

Total Products/Wk: _____

I am planning to be absent on this day:_____