

Refill Order Form

Customer Details

First Name _____ Last Name _____ Male Female
Address 1 _____ Address 2 _____ D.O.B (MM/DD/YYYY) _____
City _____ State _____ Zip _____
Phone _____ E-Mail _____ To Fax Free: 1-888-726-8418

Shipping Address (If different than the address above)

First Name _____ Last Name _____ Male Female
Address 1 _____ Address 2 _____ D.O.B (MM/DD/YYYY) _____
City _____ State _____ Zip _____
Phone _____ E-Mail _____ To Fax Free: 1-888-726-8418

Credit Card Details

Credit Card Type _____ Credit Card Number _____
Name on Card _____ CVV NO: _____ Credit Card Expiry Date (MM/YYYY) _____

Order Details

Drug Name 1 _____

Quantity _____

Drug Name 2 _____

Quantity _____

Drug Name 3 _____

Quantity _____

Drug Name 4 _____

Quantity _____

Drug Name 5 _____

Quantity _____

SEND THIS ORDER FORM TO FOLLOWING FAX TOLL FREE NUMBER

1-888-726-8418

INCASE YOU WANT ANY HELP, PLEASE CALL OUR TOLL FREE NUMBER

1-866-419-7475