

Today's Date: _____

Fax Order To: _____

Date Needed: _____

BHRT Pellet Implant Order Form

Please fill in all fields to avoid delay in processing.

Patient Name _____ Male / Female _____ Date of Birth _____

Patient Street Address (No PO Boxes) _____

City _____ State _____ Zip _____

Phone (Home) _____ (W / Cell) _____

► **PURPOSE (Required for Testosterone)** HRT Menopausal Symptoms Hypogonadism Other: _____

→ **GOV'T ISSUED ID REQUIRED (Testosterone Only)** (Drivers License, State Issued ID, Passport or Military ID): _____

Allergies: _____

Drug	Route	Strength	Total Qty.	Directions: For Office Administration.
	Pellet Implant Subcutaneous			Insert _____ pellets, every _____ months.
	Pellet Implant Subcutaneous			Insert _____ pellets, every _____ months.
	Pellet Implant Subcutaneous			Insert _____ pellets, every _____ months.
	Pellet Implant Subcutaneous			Insert _____ pellets, every _____ months.

Trocar Options	Size	Quantity	Size	Quantity
Standard Stainless Steel Trocar: 3-Piece	Regular (\$199)		Large (\$199)	
3-Piece Disposable Plastic Trocar Kit	Regular (\$37.50)		Large (\$37.50)	
3-Piece Stainless Steel Disposable Trocar Kit	Regular (\$45.50)		Large (\$45.50)	

PRACTITIONER INFORMATION:

Circle Designation: MD DO PA NP ND

Practitioner Name (Please Print) _____ ► **SIGNATURE (REQUIRED)** ◀ _____

DEA # _____ License # _____

Office Address (if first time ordering) _____ City/State/Zip _____

Phone _____ Fax _____

Contact / Faxed By _____

Place Office Address Stamp Here.
(Signature Still REQUIRED.)

(GA and OH Require Prior Authorization to Ship Patient Specific Prescriptions to Practitioners. OK Prohibits It Completely.)

SHIPPING INFORMATION:

Shipping (Please Circle Options): Ship to Practitioner / Ship to Patient

Delivery Address (if different from patient or practitioner address) _____ City/State/Zip _____

BILLING INFORMATION:

Billing (Please Circle Options): Bill Practitioner / Bill Patient

New Credit Card # (M/C, Visa, AMX, Discover) CVV Number: _____ Exp. Date (Required) _____

Name on the Credit Card _____

Last 4 #'s of Credit Card on File Exp. Date (Required) _____

Once processed, all pellet orders will now be shipped via FedEx overnight. Shipping fees are subject to change at any time.