

AN ACCEPTED FORM OF ID IS NECESSARY TO PROCESS TESTOSTERONE ORDERS

Today's Date: _____

Fax Order To: _____

Date Needed: _____

BHRT Phospholipid Emulsion 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) _____ **Email:** _____

►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.

PRACTITIONER INFORMATION:

Circle Designation: MD DO PA NP ND

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

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

DEA # _____ License # _____

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

Phone _____ Fax _____

Contact / Faxed By _____

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) _____

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

Please note that when using a credit card on file, it is necessary to provide us with the last 4 digits & expiration date of that card EVERY time an order is placed

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

COMPLETED FORMS NEED TO BE PRINTED AND FAXED TO COLLEGE PHARMACY.