



Fax Orders To: (888) 247-0840

Order Form Options:

- Verapamil 2.5mg/mL Injection
- Verapamil 12% Cream
- Pentoxifylline 400mg Tablet

Patient Information	Medication Per Patient:
Name: <hr/> DOB: <hr/> Bill to: (circle 1) PATIENT / PRACTICE Patient Phone #: <hr/> SHIP TO ADDRESS: <hr/> <hr/> <hr/>	<input type="checkbox"/> Verapamil 2.5mg/ml Injection (includes 27G + 5cc Syringe + 18G draw kit/vial) SIG: Inject 1mL into lesion 4x per treatment. Dispensed in 4mL Vial Notes: QTY: (# of 4mL Vials) _____ Refills: _____ <input type="checkbox"/> Verapamil Cream 12% SIG: Apply 0.5mL (1 Pump) 2x per day for 30 days. Dispensed in 30mL Pump Jar Notes: QTY: (# of 30mL Jars) _____ Refills: _____ <input type="checkbox"/> Pentoxifylline 400mg Tablet SIG: Take 2 to 3 tablets PO per day as directed Notes: Qty: (# of Tablets) _____ Refills: _____
Name: <hr/> DOB: <hr/> Bill to: (circle 1) PATIENT / PRACTICE Patient Phone #: <hr/> SHIP TO ADDRESS: <hr/> <hr/> <hr/>	<input type="checkbox"/> Verapamil 2.5mg/ml Injection (includes 27G + 5cc Syringe + 18G draw kit/vial) SIG: Inject 1mL into lesion 4x per treatment. Dispensed in 4mL Vial Notes: QTY: (# of 4mL Vials) _____ Refills: _____ <input type="checkbox"/> Verapamil Cream 12% SIG: Apply 0.5mL (1 Pump) 2x per day for 30 days. Dispensed in 30mL Pump Jar Notes: QTY: (# of 30mL Jars) _____ Refills: _____ <input type="checkbox"/> Pentoxifylline 400mg Tablet SIG: Take 2 to 3 tablets PO per day as directed Notes: Qty: (# of Tablets) _____ Refills: _____

Practice Pay Orders Ship Every Tuesday to Arrive on Wednesday

Provider Signature: _____ Date: _____ NPI# _____

Provider First and Last Name: _____ Phone #: _____

Please print your first and last name under your signature to avoid delay in prescription processing