



2950 Thousand Oaks Dr #25
 San Antonio, TX 78247
 Ph 210-424-005
 Fx 210-424-0026

FAX ORDER FORM Physician Office Use Patient Prescription

Please fax this form to 1-800-246-0704 or 210-424-0026.

PHYSICIAN INFORMATION

Physician Name:		DEA#	
P.O.C. Nurse:		DPS#	
Practice:		Phone:	
Address:		Fax:	
City:	ST	ZIP	Email:

PATIENT INFORMATION

Patient Name:		DOB: / /	
Address:		Phone 1:	
City:	ST	ZIP	Phone 2:
Email:		Fax:	

Patient Physician Billing Information

CREDIT CARD: <input type="checkbox"/> VISA <input type="checkbox"/> MC <input type="checkbox"/> DISC <input type="checkbox"/> AX		/ / /	
Exp Date / /	Billing Zip Code	Auth. Signature	

Medication	Medication
Quantity	Quantity
Sig:	Sig:

Physician Signature: _____ Date: _____

PICK UP or SHIPPING: Ground \$5.00-\$8.00 2 Day Air \$15.00 Next Day Air \$25.00

Note: All shipments are sent 2 DAY AIR unless otherwise stated.

All COLD must be shipped NEXT DAY AIR.