

**HRI PHARMACY 3s721 West Ave, Suite#300, WARRENVILLE, IL 60555**

For your convenience, if you would like to fax your order in to us, please fill out the following information and fax this to us at: (630)836-0667. To avoid any interruption in your program, please fax this order to us by:

**PATIENT INFORMATION**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PHONE: Daytime No. \_\_\_\_\_

EMAIL: \_\_\_\_\_

CREDIT CARD:# \_\_\_\_\_ Exp Date: \_\_\_\_\_

Pin: \_\_\_\_\_ (Last 3 digits on the back side of the card in the signature space).

**ORDERING INFORMATION**

COMPOUNDING: AM RX# \_\_\_\_\_ #DAYS \_\_\_\_\_

PM RX# \_\_\_\_\_ #DAYS \_\_\_\_\_

MTP RX# \_\_\_\_\_ QTY: \_\_\_\_\_

GLUTATHIONE: RX# \_\_\_\_\_ #MO \_\_\_\_\_

OTHER: \_\_\_\_\_ RX# \_\_\_\_\_ QTY: \_\_\_\_\_

OTHER: \_\_\_\_\_ RX# \_\_\_\_\_ QTY: \_\_\_\_\_

SINGLES: (ITEM/MG-UNITS/SIZE/QUANTITY)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SYRUPS: SUCROSE \_\_\_\_\_ XYLITOL \_\_\_\_\_

FLAVOR: \_\_\_\_\_ SIZE: \_\_\_\_\_ QTY: \_\_\_\_\_

FLAVOR: \_\_\_\_\_ SIZE: \_\_\_\_\_ QTY: \_\_\_\_\_

\_\_\_\_\_  
Authorized signature