

**HRI PHARMACY--4575 WEAVER PKWY--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 reverse 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