



Order Form

Customer Information

Today's Date: _____

Purchase Order Number: _____

Facility Name: _____

Order Confirmation Email Preference: _____

Physician Name: _____

Date Needed: _____

Name of Person Placing Order: _____

In my professional judgment: All drug products compounded at MedisourceRx are prepared under sanitary conditions. MedisourceRx adheres to the stringent cGMP procedures and USP <797> requirements put forth by the FDA under new 503b guidelines.

Item #	Medication Name and Description / Strength	Vial Size	Package Size	Quantity (vials)
<input type="checkbox"/> 1014	Glutathione (reduced) 200mg/mL MDV	30mL	5 vials/Pk	
<input type="checkbox"/> 1013	Methylcobalamin 1mg/mL MDV	30mL	5 vials/Pk	
<input type="checkbox"/> 1223	Methylcobalamin 5mg/mL MDV	30mL	5 vials/Pk	
<input type="checkbox"/> 1026	L-Methionine 25mg/mL, Inositol 50mg/mL MDV	30mL	5 vials/Pk	
<input type="checkbox"/> 1019	B-Complex (Riboflavin-5-phosphate sodium 5mg/mL, Thiamine Hydrochloride 100mg/mL, Pyridoxine Hydrochloride 2mg/mL, Niacinamide 100mg/mL) MDV	30mL	5 vials/Pk	

Shipping Information

Priority Overnight* Other: _____

Priority Overnight / by 10:30am*

Ship to Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Check if Billing Address is the same as Shipping Address

Special/Priority shipping available at extra charge by request
Please note: All products are shipped Priority Overnight- Priority shipping charges will apply.

Credit Card Information

Name as it appears on the card: _____

Type of Card: VISA MASTERCARD DISCOVER AMERICAN EXPRESS Charge Credit Card on File

Credit Card Number: _____ Expiration Date: _____ Security Code: _____

Credit Card Billing Address: Check if Shipping Address same as Billing Address _____

City: _____ State: _____ Zip: _____ Cardholder Phone: _____

As the individual card holder, I hereby authorize this card to be used to process payment for our order above.

Signature _____ Date: _____

For MedisourceRx Use:

MedisourceRx personnel has read back and clarified the order to the customer for approval.

Signature _____ Date: _____

Clear Form

Submit Form

Please fax order form to (714) 455-1395 or email orders to: orders@medisourcerx.com

(714)-455-1300 (714)-455-1395 www.medisourcerx.com