



Customer Order Form

To place an order, please call 1.800.287.7686 or fax 1.877.718.9222

Institution Name: _____ Customer/Account #: _____
 Attention To: _____ Order Placed By: _____
 Customer P.O. #: _____ Contact Tel/Fax #: _____
 Special Terms/Conditions: _____

Product Code	Description of Product	DIN	Packaging	Quantity
4000005	CUSTODIOL [®] HTK Solution (1 Litre bag)		6 x 1 L bags / case	
4000006	CUSTODIOL [®] HTK Solution (2 Litre bag)		4 x 2 L bags / case	
4000007	CUSTODIOL [®] HTK Solution (5 Litre bag)		2 x 5 L bags / case	
4000073	DANTRIUM [®] IV (20 mg dantrolene sodium for injection)	01997572	6 vials / carton	
4000072	DANTRIUM [®] 25 mg Capsules	01997602	100 capsules / bottle	
4000002	ERYTHROCIN [®] IV (500 mg erythromycin lactobionate)	00682268	10 vials / carton	
4000001	ERYTHROCIN [®] IV (1 g erythromycin lactobionate)	00682276	10 vials / carton	
4000004	FUCITHALMIC [®] 5 g tube	02243862	1 tube / carton	
4000008	LIPIODOL [®] 10 mL ampoule	00386685	1 ampoule / carton	
4000009	PATENT BLUE [®] 2 mL ampoule	00405396	5 ampoules / carton	
4000017	CANADIAN PROVOCHOLINE [®] PACK		1 pack	
4000044	PROVOCHOLINE [®] 100 mg (methacholine chloride 20 mL vial)	02239656	6 vials / carton	
4000049	PROVOCHOLINE [®] 1280 mg (methacholine chloride 20 mL vial)	02243834	6 vials / carton	
4000050	PROVOCHOLINE [®] 1600 mg (methacholine chloride 50 mL vial)	02288826	1 vial / carton	
4000112	ANAPROX [®] (naproxen sodium) 275 mg Tablets	02162725	100 tablets / bottle	
4000113	ANAPROX [®] DS (naproxen sodium) 550 mg Tablets	02162717	100 tablets / bottle	
4000114	NAPROSYN [®] E (naproxen) 375 mg Tablets	02162415	100 tablets / bottle	
4000115	NAPROSYN [®] E (naproxen) 500 mg Tablets	02162423	100 tablets / bottle	
4000116	NAPROSYN [®] SR (naproxen) 750 mg Tablets	02162466	100 tablets / bottle	
4000117	TORADOL [®] (ketorolac tromethamine) 10 mg Tablets	02162660	100 tablets / bottle	
4000118	TORADOL [®] IM (ketorolac tromethamine) Ampoules 10 mg/mL 5x1mL	02162644	5 ampoules / carton	
4000054	SALINE WITH 0.9% BENZYL (30 mL vials)	00037818	25 vials / carton	
4000061	STERILE EMPTY VIALS (20 mL 20 mm)		10 vials / box	

Card Holder: _____ Payment by: Visa MasterCard Net 30 days (on approved credit)

Credit Card #: _____ EXP: ____ / ____ Sec. Code: ____ Signature: _____

I hereby authorize Methapharm Inc. to charge the amount noted to my credit card. All orders are subject to Methapharm's Standard Terms as per our Return Policy in force as at the time of the order. Revised May 2016

For Office Use Only	Order placed on: _____	Taken by: _____	C.C. Authorization#: _____
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