



## Customer Order Form

To place an order, please call 1.888.431.4276 or fax 1.866.265.2174

Institution Name: \_\_\_\_\_ Customer/Account #: \_\_\_\_\_  
 Order Placed by: \_\_\_\_\_ Customer P.O. #: \_\_\_\_\_  
 Position title: \_\_\_\_\_ Telephone number: \_\_\_\_\_  
 Email address: \_\_\_\_\_  
 Special Terms/Conditions: \_\_\_\_\_

Product Code	Description of Product	NDC	Packaging	Quantity
5000001	Provocholine® 100 mg (20 mL vial)	64281-100-06	6 vials / carton	
5000012	Saline with 0.4% Phenol (30 mL vial)	0268-0246-01	25 vials / carton*	
5000011	Saline with 0.4% Phenol (100 mL vial)	54575-001-01	1 vial *	
5000013	Sterile Empty Vials (10 mL 20 mm)		25 vials / box	
5000014	Sterile Empty Vials (30 mL 20 mm)		25 vials / box	
5000030	Sterile Empty Vials (50 mL 20 mm)		25 vials / box	
5000015	0.22 µm Millex-GV Syringe Filters		10 filters / pack	
5000020	Salter 8900 Nebulizers		50 units / box	

**\* Volume discounts available – please contact your sales representative**

3-5 Day Shipping included for all Provocholine orders of 12 vials or more - Freight charges apply for all other products.  
 For faster shipping arrangements, contact your representative.

**Note:** Photocopy of Pharmacy License / Physician License or Registration of Authorized Personnel Purchasing Prescription Drugs is required for all orders if not on file

Payment by:  Visa  MasterCard  American Express  Discover  Net 30 days (approved credit)

Card Holder: \_\_\_\_\_ Signature: \_\_\_\_\_  
 Credit Card #: \_\_\_\_\_ EXP: \_\_\_\_\_

*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#: \_\_\_\_\_