FAX OR EMAIL BACK



Medical SAMPLES ORDER FORM



MEDICAL CLINIC INFORMATION:

r Signature:				
d appreciate patient brochures for the of	ffice: PLEAS	E SEND: #	copie	es
Doctor Sample	DOMPERIDONE 10mg	3 x 21 tablets YES [\$0	Made in and Ships from Canada
ORDER DETAILS:	DESCRIPTION	QUANTITY	PRICE	FAX BACK OR EN
Office Manager Name:				
Email:				
Fax:				
Phone:				
Dr. Name:	SHIP Add			

Your Medical Office will receive 3 x packs of 21 tablets of genuine high quality domperidone 10mg tabs NOT compounded for patient trial -a \$35 US Value

Tip: Provide Patients with a Prescription for Therapeutic Continuation OR FAX us the Prescription Directly

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