



M-LINE PHARMACY

FAX ORDER FORM

FX: 844-832-9329

PH: 844-832-9102

CLINIC/DOCTOR NAME: _____

SHIP TO ADDRESS: _____

BILL TO: _____

TEL: _____

FAX: _____

EMAIL: _____

PAYMENT METHOD: _____

VISA

M/C

A/E

CARD NUMBER: _____

EXP: _____

CVC #: _____

NAME ON CARD: _____

Multivisk™ Injection

6mL syringe

Quantity _____

Multivisk-Dex™ Injection

6mL syringe

Quantity _____

Multivisk-Plus™ Injection

6mL syringe

Quantity _____

Multivisk-3™ Injection

3x2mL syringes/box

Quantity _____

Multivisk-Dex 3™ Injection

3x2mL syringes/box

Quantity _____

Multivisk-Plus 3™ Injection

3x2mL syringes/box

Quantity _____

Multivisk-SJ™ Injection

2mL syringe

Quantity _____

Multivisk-Dex SJ™ Injection

2mL syringe

Quantity _____

Multivisk-Plus SJ™ Injection

2mL syringe

Quantity _____

Physician's Name (Please Print)

Physician's Signature

License #

We do not accept returns or exchanges

MultiVisk™