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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Order Form** |  | |  | | --- | | **Healthcare Provider Information** | | Practice Name: | | Contact Person: | | Phone Number: | | Email Address: |  |  | | --- | | **Prescriber Information and Authorization** | | Prescriber Name: | | NPI Number: | | State License #: | | Signature: | |
| To: Dr. «Account\_First\_Name» «Account\_Last\_Name» | |  |
| From: «User\_Name» | |  |
| Subject: Order Form for Verteo BioPharma | |  |
| Date: «Current\_Date» | |  |
| Total Pages: «Total\_Pages» | |  |
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|  | |  |
| «Greeting» Dr. «Account\_Last\_Name»,  «Introductory\_Message»  «Order\_Form\_Instructions»  «Sign\_Off»,  «User\_Name»  Verteo BioPharma, Inc.  «User\_Email\_Address» | |  |
| |  |  |  | | --- | --- | --- | | **Product** | **NDC** | **Quantity** | | Painslasher®, 100mg capsules, 30 count | 98765-4321-01 |  | | Painslasher®, 200mg capsules, 60 count | 98765-4321-02 |  | | Painslasher®, 300mg capsules, 90 count | 98765-4321-03 |  | | Painslasher®, 5% cream | 12345-6789-01 |  | | Painslasher®, 8% cream | 12345-6789-02 |  | | Ibuprovix®, 200mg capsules, 30 count | 56789-1234-01 |  | | Ibuprovix®, 400mg capsules, 60 count | 56789-1234-02 |  | | Ibuprovix®, 600mg capsules, 90 count | 56789-1234-03 |  | | Nomorpain®, 50mg/5mL, 50mL bottle | 34567-7890-01 |  | | Nomorpain®, 50mg/5mL, 100mL bottle | 34567-7890-01 |  | | Nomorpain® 30mg tablet, 12 count | 34567-1234-01 |  | | Nomorpain® 30mg tablet, 24 count | 34567-1234-02 |  | | | |

Transaction ID: «Transaction\_ID»