Martin Avenue Pharmacy, Inc.
1247 Rickert Drive, Suite 100 • Naperville, IL 60540
Website: www.martinavenue.com
PerioPharma - p Phone: 630-355-6400

## Fax to: 630-355-6522

Martin Avenue Pharmacy, Inc. is a PerioProtect ${ }^{\circledR}$ Certified Pharmacy.

| Patient | Phone |
| :---: | :---: |
| Address | Date of birth |
| City | State $\quad$ Zip |

Known allergies

| Item |  | Cost per unit |  | Shipping* | Quantity | Total |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Perio Gel ${ }^{\circledR}$ <br> (Branded Hydrogen Peroxide Gel 1.7\%) $3 \mathrm{oz}(85 \mathrm{Gm})$ <br> Oral debriding agent / oral wound cleanser | Sig: Apply to prescription tray as directed. | 1 to 2 tubes | \$22 each | \$13 |  |  |
|  |  | 3 to 4 tubes | \$20 each | \$13 |  |  |
|  |  | 5 or more tubes | \$18 each | \$13 |  |  |
| Vibramycin Syrup <br> (Doxycycline $50 \mathrm{mg} / 5 \mathrm{ml}$ ) | Sig: Apply to prescription tray as directed. | 30 ml | \$43.95 | \$13 |  |  |
|  |  | 60 ml | \$69.95 | \$13 |  |  |
| Shipping |  |  |  |  |  |  |
|  |  |  |  |  | TOTAL |  |

* Items shipped by regular mail. Priority shipping is available for an additional fee.

Prices subject to change.
$\square$ May be refilled $\square$ times.
Doctor's signature
$\square$ Send to PATIENT $\quad \square$ Send to CLINIC
$\square$
Send to PATIENT
Send to CLINIC
Please complete form to avoid delays.
Doctor's name
(PLEASE PRINT)
Dental office address


Name on credit card

Would you like us to keep your credit card on file for future orders?
Yes $\quad \square$ No. I will call in payment each time.

WARNING: This message is intended for the individual or business to which it is address and contains confidential information. Any distribution or dissemination of this communication to other than intended recipient is prohibited by law. This is in accordance with the Federal HIPAA laws. If you received this fax in error please call 1-630-355-6400.

This prescription can be filled at the pharmacy of your choice.

