

## Martin Avenue Pharmacy, Inc.

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<b>O</b>	Patient			Phone	Phone			
Ż	Address			Date of birt	Date of birth			
Z 4	City		State		Zip			
<b>₹</b>	nown allergies							
	Item		Cost per unit		Shipping*	Quantity	Total	
	Perio Gel <sup>®</sup>		1 to 2 tubes	\$22 each	\$13			
	(Branded Hydrogen Peroxide Gel 1.7%) 3 oz (85 Gm) Oral debriding agent / oral wound cleanser	Sig: Apply to prescription tray as directed.	3 to 4 tubes	\$20 each	\$13			
			5 or more tubes	\$18 each	\$13			
	Vibramycin Syrup (Doxycycline 50 mg / 5 ml)	Sig: Apply to prescription tray as directed.	30 ml	\$43.95	\$13			
			60 ml	\$69.95	\$13			
			Shipping					
May be refilled until:    Doctor's signature   Date								
Send to PATIENT Send to CLINIC Please complete form to avoid delays.								
Щ	Doctor's name (PLEASE PRINT)							
Ĭ	Dental office address							
	City State Zip							
<u></u>	Office phone Office fax							
Ţ	Visa MasterCard Discover American Express							
ME	Credit card number		Expiration	oiration		Security code		
Y Y	Name on credit card							
Would you like us to keep your credit card on file for future orders?  Yes  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  This prescription can be filled at the pharmacy of your choice.								