

**PLEASE NOTE:** Only healthcare providers can e-prescribe/fax to Specialty Medical Drugstore

Patient Name:		<input type="checkbox"/> Male <input type="checkbox"/> Female		Drug/Food Allergies:	
Address:		City:	State:	Zip:	
Phone# (Home):		Phone# (Mobile):			
Date of Birth:		<b>Email (recommended):</b>			
Known Medical Conditions:		Other Medications:			

SMDrugstore does not share information, including email. Email will be used for order status and tracking only.

**Select one: EnLyte® \_\_\_\_\_ OR Enbrace HR® \_\_\_\_\_**

Quantity: 90 Capsules or \_\_\_\_\_

SIG: Take 1 Capsule by mouth daily or \_\_\_\_\_

\*Refills: 0\_1\_2\_3\_1YR\_ or \_\_\_\_\_

Prescriber Signature:		Written Date:	
Phone #:		Fax #:	
Prescriber Address:	City:	State:	Zip:
Prescriber Name:		NPI/DEA Required:	

**MUST BE COMPLETED BY CUSTOMER** - Order online at SMDrugstore.com or by filling out the portion below in its entirety.

30 CAPSULES FOR **\$58.00 + \$7.95 Shipping**

60 CAPSULES FOR **\$116.00 + \$7.95 Shipping**

90 CAPSULES FOR **\$174.00 + \$7.95 Shipping**

**\*\*Expedited shipping available at an additional cost\*\***

**FOR AUTOMATIC REFILLS** (Same card and address will be used each time) please sign below

\_\_\_\_\_ (You can opt out by calling 888-795-5826)

I authorize SPECIALTY MEDICAL DRUGSTORE to charge my credit card for the amount indicated.

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

CVC Code: \_\_\_\_\_ (3 digit code on back of card. If Amex the 4 digit code on the front of the card)

Customer Signature \_\_\_\_\_

*\*Customers must mail the order form, ONLY a prescriber can fax. All prices are subject to change without notice. We will notify you before charging you more than the price shown. The above prices supersede all previous prices.*

*EFF 1/3/17*