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 WEBSITE: enbracehr.com | EMAIL: durrell.hobson@enlyterx.com

Patient's Name:		<input type="checkbox"/> OK to text Patient
Phone# (Home):	Phone# (Mobile):	
Date of Birth:	<u>Email (recommended):</u>	
DVD does not share information, including email. Email will be used for order status and tracking only.		
EnBrace HR® _____		
SIG: Take 1 Tablet by mouth daily or as directed under medical supervision		
<input type="checkbox"/> 90 Gelcaps (3 month supply)		
Expedited shipping available at an additional cost		
Patient's Pharmacy: _____		Pharmacy Phone #: _____
Prescriber's Name:		
Prescriber's Signature:	Written Date:	
Phone #:	Fax #:	
	DP847DH	

Simply fax back to 1-985-778-2463