# Customer Order Form

**To place an order, please call 1.833.887.7686,**
**fax 954.341.3588 or email ussales@methapharm.com**

Institution Name: _____ Customer/Account #: _____

Order Placed by: _____ Customer P.O. #: _____

Position title: _____ Telephone number: _____

Email address: _____

Special Terms/Conditions: _____

_____

| Product Code | Description of Product | NDC | Packaging | Quantity |
|---|---|---|---|---|
| 5000001 | Provocholine® 100 mg (20 mL vial) | 64281-100-06 | 6 vials / carton | |
| 5000034 | Aridol® Bronchial Challenge Test Kit | 67850-552-01 | Sold Individually | |
| 5000040 | Provocholine® Inhalation Solution | 64281-110-06 | 6 kits / carton | |

| | |
|---|---|
| **Note:** | Photocopy of Pharmacy License / Physician License or Registration of Authorized Personnel Purchasing Prescription Drugs is required for all orders if not on file. |

**13 digit Global Location Number if not previously provided:** ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

Payment by: ☐Visa ☐MasterCard ☐American Express ☐Discover ☐Net 30 days (approved credit)

*For Office Use Only* Order placed on: _____ Taken by: _____