



Customer Order Form.

To place an order, please call 1.888.431.4276 or fax 1.866.265.2174

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 | |

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

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

Card Holder: _____ Signature: _____

Credit Card #: _____ EXP: _____

I hereby authorize Methapharm Inc. to charge the amount noted to my credit card. All orders are subject to Methapharm's Standard Terms as per our Return Policy in force as at the time of the order. Revised Oct 2018

For Office Use Only Order placed on: _____ Taken by: _____ C.C. Authorization#: _____