



503B Purchase Order Form

Please send your Purchase Order to:
Email: orders@pellecome.com Fax: 888-773-9969

PO# _____ Need by date _____

By signing this form, prescriber agrees and acknowledges that all medications ordered will be administered within the prescriber's facility. Furthermore, prescriber acknowledges a valid relationship exists between the provider and the patient. The provider deems this medication medically necessary.

Individual placing order _____ Signature _____ Date _____

Practice Information

Physician Name _____ DEA* _____

Practice Name _____ NPI# _____

Shipping Address _____

City _____ State _____ Zip _____ Phone _____

Order Details

*DEA Address must match shipping address for controls

Pellets

Testosterone (Cholesterol)– 3mm	Qty.
12.5 mg	
25 mg	
50 mg	
87.5 mg	
100 mg (2%)	
Testosterone (Cholesterol) – 4.25mm	Qty.
200 mg (2%)	
Testosterone/Anastrozole	Qty.
75 mg / 4 mg – 3mm	
100 mg / 4 mg – 3mm	

Estradiol– 3mm	Qty.
6 mg	
10 mg	
12 mg	
15 mg	
20 mg	
25 mg	
Progesterone – 3mm	Qty.
50 mg	
100 mg	

Notes: _____

Shipping Options:

Overnight Priority
\$32.95

Overnight
\$28.95

2nd Day
\$19.95

Ground
\$12.95

Shipping prices are subject to change without prior notice

*All orders will be shipped to the prescriber. No Refunds.