

# Dapiprazole Hcl Order form

Dapiprazole (CLS) 0088-79

Patient or Facility Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Credit Card number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration date \_\_\_\_/\_\_\_\_/\_\_\_\_ Security code \_\_\_\_\_

Purchase order Number \_\_\_\_\_

Drug allergies: \_\_\_\_\_

Shipping information: (circle one)

FIRST CLASS MAIL (no extra charge)-may take up to a week or longer

PRIORITY MAIL (\$7) -takes 2-5 working days

FEDERAL EXPRESS (\$22 during the week)

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Date:

Rx: Dapiprazole HCl Dilation Reversal Kit (6mls each)  
(OK to compound)  
\_\_\_\_\_ Kits @ \$40.00 Each

Dr. \_\_\_\_\_

Fax number: ( ) \_\_\_\_\_ - \_\_\_\_\_

Contact phone number ( ) \_\_\_\_\_ - \_\_\_\_\_

Name of person filling out this form: \_\_\_\_\_

NOTE : Dapiprazole HCl dilation reversal kit has approximately a 6 month expiration date before reconstitution.  
After reconstitution Dapiprazole HCl 0.5% expires in 21 days.

*Please fax order form to (408) 292-7754*

Order online at: [www.reversingdrops.com](http://www.reversingdrops.com)

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Orders are placed with and filled by Leiter's Pharmacy  
1700 Park Ave Suite 30 San Jose, Ca 95126  
For more information call (800) 676 - 5986