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Patient's Name:	
Phone# (Home):	Phone# (Mobile):
Date of Birth:	<b>Email (recommended):</b>
Special Promotion for New Patients - First 30 Day Supply Only \$29.95 (reg. \$47)	
<b>Enlyte-D®</b> _____	
SIG: Take 1 Tablet by mouth daily or as directed under medical supervision	
<input type="checkbox"/> 30 Tablets (1 Month Supply) For \$47 + \$7.95 Shipping <input type="checkbox"/> 90 Tablets (3 Month Supply) For \$124 + \$7.95 Shipping	
<b>**Expedited shipping available at an additional cost**</b>	
Patient's Pharmacy: _____ Pharmacy Phone #: _____	
<b>Prescriber's Name:</b>	
<b>Prescriber's Signature:</b>	<b>Written Date:</b>
<b>Phone #:</b>	<b>Fax #:</b>

**Simply fax back to 1-985-778-2463**