



# Standard Pharmaceutical Product Information (Rx Product Only)

© August 2014

Introduction Type: ☐ New Item

☐ Final Version

Date:

PRODUCT INFORMATION				SPECIAL HANDLING AND STORAGE REQUIREMENTS*																																																							
<b>Company Name:</b> <input type="text" value="Camber Pharmaceuticals"/> <b>Application:</b> <input type="text"/>				<b>a. Temperature – Indicate the USP temperature range for this product.</b>																																																							
<b>Application Number for NDA/ANDA/BLA (drug); PMA/510(k)(med device):</b> <input type="text"/>				Temperature Range <input type="text" value="Controlled Room – between 20 and 25 C (68° – 77° F)"/>																																																							
<b>DUNS:</b> <input type="text"/>				Other Temperature Range Requirement (write in) <input type="text"/>																																																							
<b>Proprietary Name (If Applicable) and Established Name:</b> <input type="text" value="Glycerin Liquid"/>				Is this product to be shipped to customers on ice? <input type="text" value="No"/>																																																							
<b>Selling Unit NDC:</b> <input type="text" value="31722-939-47"/> <b>Individual Unit NDC:</b> <input type="text"/> <b>UPC:</b> <input type="text" value="33172293947"/>				Is this product to be shipped to customers on dry ice? <input type="text" value="No"/>																																																							
<b>UDI</b> <input type="text"/> <b>CVX Code:</b> <input type="text"/> <b>MVX Code:</b> <input type="text"/>				<b>b. Contact for temperature excursion questions:</b>																																																							
<b>Description:</b> <input type="text" value="Liquid"/>				<b>Name:</b> <input type="text" value="Soma Raju"/>																																																							
<b>Active Ingredient(s):</b> <input type="text"/>				<b>Number:</b> <input type="text" value="732-529-0423"/>																																																							
<b>URL for Additional Product Information:</b> <input type="text" value="www.camberpharma.com"/>				<b>Group E-mail:</b> <input type="text" value="somaraju@heterousa.com"/>																																																							
<b>Address:</b> <input type="text" value="1031 Centennial Avenue"/>				<b>c. Special regulations for product in any states?</b> <input type="text" value="No"/>																																																							
<b>City:</b> <input type="text" value="Piscataway"/> <b>State:</b> <input type="text" value="NJ"/> <b>Zip:</b> <input type="text" value="08854"/>				Special returns requirements for this product? <input type="text" value="No"/>																																																							
<b>Key Contact:</b> <input type="text" value="Customer Service"/> <b>Email:</b> <input type="text" value="customerservice@camberpharma.com"/>				<b>d. Store product (unit of sale) upright?</b> <input type="text" value="No"/>																																																							
<b>Phone Number:</b> <input type="text" value="732-529-0430"/> <b>Fax:</b> <input type="text" value="732-562-8788"/>				Protect product (unit of sale) from light? <input type="text" value="No"/>																																																							
<b>Product Therapeutic Classification:</b> <input type="text"/>				<b>e. Shelf life:</b> <input type="text" value="24"/> Months																																																							
				Initial shelf life at launch (if different): <input type="text"/> Months																																																							
ADDITIONAL PRODUCT INFORMATION				ORDER INFORMATION																																																							
<b>Is the Product...</b>				<b>Unit of Sale</b>																																																							
<b>a legend device?</b> <input type="text" value="No"/>				<input checked="" type="checkbox"/> Bottle																																																							
<b>reverse numbered?</b> <input type="text" value="No"/>				<input type="checkbox"/> Box/Carton																																																							
<b>co-licensed?</b> <input type="text" value="No"/>				<input type="checkbox"/> Ampule																																																							
<b>Is the Product...</b> <input type="text" value="Direct-Ship Only"/>				<input type="checkbox"/> Glass																																																							
<b>Is the Product...</b> <input type="text" value="Unit of Use"/>				<input type="checkbox"/> Tube																																																							
<b>If Unit Dose, is item bar coded to unit dose for hospital scanning?</b> <input type="text"/>				<input type="checkbox"/> Vial Liquid Sgl																																																							
<b>If Unit Dose NDC, indicate NDC here:</b> <input type="text"/>				<input type="checkbox"/> Vial Liquid Multi																																																							
<b>Country of Origin</b> <input type="text" value="USA"/>				<input type="checkbox"/> Vial Powder Sgl																																																							
<b>Is this product covered under the Trade Agreements Act (TAA)?</b> <input type="text"/>				<input type="checkbox"/> Vial Powder Multi																																																							
				<input type="checkbox"/> Other: Write In <input type="text"/>																																																							
PRODUCT DESCRIPTION INFORMATION				<b>What is the NDC selling unit?</b>																																																							
<b>Size:</b> <input type="text" value="473ml"/>				<input type="text" value="1 case of 6 bottles"/>																																																							
<b>Strength:</b> <input type="text"/>				(Write-in, e.g. 1 Box of 10 Vials)																																																							
<b>Dosage Form:</b> <input type="text" value="Liquid"/>				<b>Minimum order quantity?</b> <input type="text" value="Yes"/>																																																							
<b>Product Shape:</b> <input type="text" value="liquid"/>				<b>If Yes, how many of which package type?</b>																																																							
<b>Product Color:</b> <input type="text" value="Clear"/>				<input type="text"/> Each																																																							
<b>Product Imprint:</b> <input type="text" value="N/A"/>				<input type="text"/> Inner/Carton/Pack																																																							
				<input type="text" value="1"/> Case																																																							
FOR GENERIC DRUG PRODUCTS				PHARMACY ORDER / BILL UNIT																																																							
<b>I. Orange Book Rating:</b> <input type="text" value="NR"/> <input type="checkbox"/> Authorized Generic				<b>Rec. sell unit to customer?</b> <input type="text"/>																																																							
<b>II. Generic Equivalent to What Brand?:</b> <input type="text"/>				(Write-in, e.g. 1 Vial)																																																							
				<b>Rx billing unit to pharmacy:</b>																																																							
				<input checked="" type="checkbox"/> Each																																																							
				<input type="checkbox"/> Gram																																																							
				<input checked="" type="checkbox"/> Milliliter																																																							
DRUG SUPPLY CHAIN SECURITY ACT (DSCSA) INFORMATION				ITEM AND PACKING INFORMATION																																																							
<b>Does supplier meet DSCSA definition of manufacturer?</b> <input type="text" value="Yes"/> <b>GLN:</b> <input type="text"/>				<table border="1"><thead><tr><th rowspan="2">Item:</th><th rowspan="2">Weight Lbs.</th><th colspan="3">Dimensions (US msmts.)</th><th rowspan="2">Volume (Cube)</th><th rowspan="2"># Pieces:</th></tr><tr><th>Depth</th><th>Height</th><th>Width</th></tr></thead><tbody><tr><td><b>Is product exempt from DSCSA?</b> <input type="text" value="No"/></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td><b>If yes, select exemption:</b> <input type="text"/></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td><b>Other exemption - Write in:</b> <input type="text"/></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td><b>Is product repackaged?</b> <input type="text" value="No"/></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td><b>Is product sold by manufacturer's exclusive distributor?</b> <input type="text" value="No"/></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td><b>Has FDA granted waiver/exception/exemption for product?</b> <input type="text" value="No"/></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></tbody></table>				Item:	Weight Lbs.	Dimensions (US msmts.)			Volume (Cube)	# Pieces:	Depth	Height	Width	<b>Is product exempt from DSCSA?</b> <input type="text" value="No"/>							<b>If yes, select exemption:</b> <input type="text"/>							<b>Other exemption - Write in:</b> <input type="text"/>							<b>Is product repackaged?</b> <input type="text" value="No"/>							<b>Is product sold by manufacturer's exclusive distributor?</b> <input type="text" value="No"/>							<b>Has FDA granted waiver/exception/exemption for product?</b> <input type="text" value="No"/>						
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<b>Has FDA granted waiver/exception/exemption for product?</b> <input type="text" value="No"/>																																																											
<b>Is product purchased direct from mfr?</b> <input type="text"/>																																																											
<b>If yes, attach documentation from FDA.</b> <input type="text"/>																																																											
GTIN PRODUCT INFORMATION				COST INFORMATION																																																							
<table border="1"><thead><tr><th rowspan="2">Serialized?</th><th rowspan="2">Level</th><th rowspan="2">Saleable Unit</th><th rowspan="2">Quantity</th><th rowspan="2">GTIN-14</th></tr><tr><th>Item</th></tr></thead><tbody><tr><td><b>Is product, when?</b> <input type="text"/></td><td></td><td></td><td></td><td></td></tr><tr><td><b>Items aggregated?</b> <input type="text"/></td><td></td><td></td><td></td><td></td></tr></tbody></table>				Serialized?	Level	Saleable Unit	Quantity	GTIN-14	Item	<b>Is product, when?</b> <input type="text"/>					<b>Items aggregated?</b> <input type="text"/>					<table border="1"><thead><tr><th colspan="2">WHOLESALE USE ONLY:</th></tr></thead><tbody><tr><td><b>Regular Cost</b></td><td><input type="text"/></td></tr><tr><td><b>Invoice Cost (WAC) (\$)</b></td><td><input type="text" value="\$20.62"/></td></tr><tr><td><b>Federal Excise Tax Per Unit of Sale</b></td><td><input type="text"/></td></tr><tr><td><b>As of date:</b> <input type="text"/></td><td><input type="text"/></td></tr></tbody></table>				WHOLESALE USE ONLY:		<b>Regular Cost</b>	<input type="text"/>	<b>Invoice Cost (WAC) (\$)</b>	<input type="text" value="\$20.62"/>	<b>Federal Excise Tax Per Unit of Sale</b>	<input type="text"/>	<b>As of date:</b> <input type="text"/>	<input type="text"/>																										
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<b>As of date:</b> <input type="text"/>	<input type="text"/>																																																										
				<b>Vendor #:</b> <input type="text"/>																																																							
				<b>Whsl. Code #:</b> <input type="text"/>																																																							
				<b>Fineline Code:</b> <input type="text"/>																																																							

Attach copy of SAFETY DATA SHEET (SDS) or non hazard letter, PACKAGE INSERT, LABEL AND PHOTO OF PRODUCT PACKAGING and BARCODE.

\*Please provide any additional information on page 2.

See new p. 3 for Designated Drop Ship Only.

Signature:



## Standard Pharmaceutical Product Information (Page 2)

For Designated Drop Ship Only Products, Please Use Page 3

MATERIAL HAZARD CLASSIFICATION and TRANSPORTATION															
<p>Is this product (check all that apply):</p> <p>a. Cytotoxic? <span style="float: right;">No</span></p> <p>b. CA Prop. 65 Carcinogen or Reproductive Toxicant? <span style="float: right;">No</span></p> <p style="padding-left: 20px;">Is the product a CA Prop 65 carcinogen? <span style="float: right;">No</span></p> <p style="padding-left: 20px;">Is the product a CA Prop 65 reproductive toxicant? <span style="float: right;">No</span></p> <p style="padding-left: 20px;">Does the product label bear a CA Prop 65 warning? <span style="float: right;">No</span></p> <p>c. Contact Hazard? <span style="float: right;">No</span></p> <p>d. Does this product require special clean-up instructions? <span style="float: right;">No</span></p> <p style="padding-left: 20px;">(If yes, attach SDS with special instructions.)</p> <p>e. Does the product contain DEHP? <span style="float: right;">No</span></p> <p>Is this product regulated for shipment by DOT or IATA? <span style="float: right;">No</span></p> <p>(if yes, answer a-e below and provide SDS)</p> <p>a. UN/Identification Number <span style="float: right;"> </span></p> <p>b. Proper Shipping Name <span style="float: right;"> </span></p> <p>c. DOT Hazard Class <span style="float: right;"> </span></p> <p>d. Packing Group <span style="float: right;"> </span></p> <p>e. Inhalation Hazard? <span style="float: right;"> </span></p> <p>Is the product restricted for air shipment? If so, indicate restriction:</p> <p><input type="checkbox"/> Passenger</p> <p><input type="checkbox"/> Cargo</p> <p><input type="checkbox"/> Passenger &amp; Cargo</p> <p>Is this a reportable quantity? <span style="float: right;">No</span></p> <p>RQ Threshold: <span style="float: right;"> </span></p> <p>Is this a marine pollutant? <span style="float: right;">No</span></p> <p>Is this product shipped utilizing an authorized DOT exception or Special Permit? <span style="float: right;">No</span></p> <p style="padding-left: 20px;">(if yes, identify method below)</p> <p><input type="checkbox"/> Limited Quantity</p> <p><input type="checkbox"/> Consumer Commodity, ORM-D</p> <p><input type="checkbox"/> Small Quantity (49 CFR 173.4)</p> <p><input type="checkbox"/> Special Permit; DOT-SP</p> <p><input type="checkbox"/> Special Provision (listed in Column 7 of 49 CFR 172.101);</p> <p>SP# <span style="float: right;"> </span></p>	<div style="background-color: #003366; color: white; text-align: center; padding: 2px;"><b>SDS Hazard Classification</b></div> <table style="width: 100%;"><tr><td><input type="checkbox"/> Organic</td><td><input type="checkbox"/> Corrosive</td></tr><tr><td><input type="checkbox"/> Inorganic</td><td><input type="checkbox"/> Oxidizer</td></tr><tr><td><input type="checkbox"/> Steroid/Androgen</td><td><input type="checkbox"/> Contact Hazard</td></tr><tr><td colspan="2"><input type="checkbox"/> Aerosol Class; Identify NFPA Storage Level: <span style="float: right;"> </span></td></tr><tr><td colspan="2">Is the product a NIOSH hazardous drug? <span style="float: right;"> </span></td></tr><tr><td colspan="2">If yes, indicate which: <span style="float: right;"> </span></td></tr></table> <div style="background-color: #003366; color: white; text-align: center; padding: 2px; margin-top: 10px;"><b>Hazardous Waste Identification</b></div> <table style="width: 100%;"><tr><td>EPA Hazardous Waste Code:</td><td> </td></tr></table> <div style="background-color: #003366; color: white; text-align: center; padding: 2px; margin-top: 10px;"><b>REMS or REGISTRY RESTRICTIONS</b></div> <p>Is there a REMS on this product? <span style="float: right;">No</span></p> <p>If Yes, is it managed with a pharmacy registry? <span style="float: right;"> </span></p> <p>Website URL: <span style="float: right;"> </span></p> <p>Comments / Details: (For example, iPledge program?) <span style="float: right;"> </span></p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"><p><b>REMS:</b> <span style="float: right;"> </span></p><p>REMS Program Manager Name: <span style="float: right;"> </span> Phone: <span style="float: right;"> </span></p><p>Supplier Manages REMS registry exclusively: <span style="float: right;">No</span></p><p>Wholesale distributor support: <span style="float: right;">No</span></p><p>Provider Name: <span style="float: right;"> </span></p><p>Site Enrollment Number assigned by Supplier: <span style="float: right;"> </span></p><p>DEA #: <span style="float: right;">No</span></p><p>PCPDP #: <span style="float: right;">No</span></p><p>NPI #: <span style="float: right;">No</span></p></div> <p>Comments <span style="float: right;"> </span></p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"><p><b>Registry:</b> <span style="float: right;">No</span></p><p>Registry Program Contact Name: <span style="float: right;"> </span> Phone: <span style="float: right;"> </span></p><p>Comments <span style="float: right;"> </span></p></div> <div style="background-color: #003366; color: white; text-align: center; padding: 2px; margin-top: 10px;"><b>RETURN INSTRUCTIONS</b></div> <p>Contact tel. # if product received damaged: <span style="float: right;">732-529-0430</span></p> <p>Is product returnable for credit: <span style="float: right;">Yes</span></p> <p>URL/Link to returns policy: <span style="float: right;">contact - customerservice@camberpharma.com</span></p> <p>Special regulations or returns requirements for this product in certain states? <span style="float: right;">No</span></p> <p>If so, which states? Other requirements? Comments? <span style="float: right;"> </span></p>	<input type="checkbox"/> Organic	<input type="checkbox"/> Corrosive	<input type="checkbox"/> Inorganic	<input type="checkbox"/> Oxidizer	<input type="checkbox"/> Steroid/Androgen	<input type="checkbox"/> Contact Hazard	<input type="checkbox"/> Aerosol Class; Identify NFPA Storage Level: <span style="float: right;"> </span>		Is the product a NIOSH hazardous drug? <span style="float: right;"> </span>		If yes, indicate which: <span style="float: right;"> </span>		EPA Hazardous Waste Code:	
<input type="checkbox"/> Organic	<input type="checkbox"/> Corrosive														
<input type="checkbox"/> Inorganic	<input type="checkbox"/> Oxidizer														
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If yes, indicate which: <span style="float: right;"> </span>															
EPA Hazardous Waste Code:															
<b>ADD'L STORAGE INFORMATION</b>															
<p>Is the Product...</p> <p>Controlled Substance? <span style="float: right;">No</span></p> <p>Controlled by State(s)? <span style="float: right;">No</span></p> <p>ARCOS Reportable? <span style="float: right;">No</span></p> <p>Schedule No. (inc. N for non-narcotic) <span style="float: right;"> </span></p> <p>Controlled Substance Code <span style="float: right;"> </span></p> <p>Listed Chemical (List I or II) <span style="float: right;">No</span></p> <p>If yes, indicate which: <span style="float: right;"> </span></p> <p>Is it a scheduled listed chemical product? <span style="float: right;">No</span></p>	<div style="background-color: #003366; color: white; text-align: center; padding: 2px;"><b>CLASS OF TRADE RESTRICTION:</b></div> <p>No restriction: Select YES if sold to retail pharmacy, hospitals, clinics and physician offices <span style="float: right;">No</span></p> <p>Restricted to retail pharmacy only: <span style="float: right;">No</span></p> <p>Restricted to hospital, clinics, and physician offices only: <span style="float: right;">No</span></p> <p>Restricted from US territories? (explain in comments) <span style="float: right;">No</span></p> <p>Comments: <span style="float: right;"> </span></p>														
<b>MISCELLANEOUS NOTES and/or Image of Product Barcode:</b>															

Release DATE



## Standard Pharmaceutical Product Information (Page 3)

FOR DESIGNATED DROP SHIP PRODUCT ONLY - if not a designated drop ship, do not complete.

Order Method for Designated Drop Ship Product	Standard Order Receipt and Processing																								
<p>Purchase orders may be accepted by:</p> <table><tr><td>a. EDI</td><td><input type="checkbox"/> Yes</td><td>Fax Number:</td><td></td></tr><tr><td>b. Autofax</td><td><input type="checkbox"/> No</td><td>Fax Number:</td><td>732-562-8788</td></tr><tr><td>c. Fax</td><td><input type="checkbox"/> Yes</td><td>Phone No.:</td><td></td></tr><tr><td>d. Phone only</td><td><input type="checkbox"/> No</td><td>Site Address:</td><td></td></tr><tr><td>e. Supplier Web Site only</td><td><input type="checkbox"/> No</td><td></td><td></td></tr></table> <p>Minimum Order Quantity: <input type="text" value="case pack"/></p> <p>Supplier's Customer Service Number: <input type="text" value="732-529-0430 x466 x465 x467 x470"/></p> <p>Contracted 3PL company / contact #:</p> <table><tr><td>Name:</td><td></td></tr><tr><td>Phone:</td><td></td></tr></table>	a. EDI	<input type="checkbox"/> Yes	Fax Number:		b. Autofax	<input type="checkbox"/> No	Fax Number:	732-562-8788	c. Fax	<input type="checkbox"/> Yes	Phone No.:		d. Phone only	<input type="checkbox"/> No	Site Address:		e. Supplier Web Site only	<input type="checkbox"/> No			Name:		Phone:		<p><b>Purchase order daily receipt cut off time by supplier</b></p> <p>Cut off time: <input type="text" value="2:30PM"/> Eastern</p> <p>Shipping lead time of PO: <input type="text" value="24/48"/> Hours <input type="text"/> Days</p> <p>Ships same day for next day receipt: <input type="text" value="No"/></p> <p>Ships for second day receipt: <input type="text" value="No"/></p> <p>Ships regular ground for 3-10 days receipt: <input type="text" value="Yes"/></p>
a. EDI	<input type="checkbox"/> Yes	Fax Number:																							
b. Autofax	<input type="checkbox"/> No	Fax Number:	732-562-8788																						
c. Fax	<input type="checkbox"/> Yes	Phone No.:																							
d. Phone only	<input type="checkbox"/> No	Site Address:																							
e. Supplier Web Site only	<input type="checkbox"/> No																								
Name:																									
Phone:																									
Expedited Freight Charges or Other Designated Drop Ship Fees:	Overnight and Priority Overnight PO Processing																								
<p>Expedited freight fees billed with each order: <input type="text" value="No"/></p> <p>Drop Ship service fee billed with each order: <input type="text" value="No"/></p> <p>Drop Ship miscellaneous fees billed: <input type="text" value="No"/></p> <p>Comments: <input type="text"/></p>	<p><b>Overnight receipt available:</b> <input type="text" value="Yes"/></p> <p>PO Receipt cut off time: <input type="text" value="2:30PM"/> Eastern</p> <p>Days of week overnight is available:</p> <table><tr><td><input checked="" type="checkbox"/></td><td>Monday</td></tr><tr><td><input checked="" type="checkbox"/></td><td>Tuesday</td></tr><tr><td><input checked="" type="checkbox"/></td><td>Wednesday</td></tr><tr><td><input checked="" type="checkbox"/></td><td>Thursday</td></tr><tr><td><input checked="" type="checkbox"/></td><td>Friday</td></tr></table> <p><b>Priority Overnight receipt available:</b> <input type="text" value="Yes"/></p> <p>PO Receipt Cut off time: <input type="text" value="2:30PM EST"/></p> <p><b>Saturday Overnight receipt available:</b> <input type="text" value="No"/></p> <p>PO Receipt Cut off time: <input type="text"/></p> <p>Order receipt method:</p> <table><tr><td>Phone:</td><td><input type="text" value="Yes"/></td><td>Phone #:</td><td></td></tr><tr><td>Fax:</td><td><input type="text" value="Yes"/></td><td>Fax #:</td><td>732-562-8788</td></tr><tr><td>EDI:</td><td><input type="text" value="Yes"/></td><td></td><td></td></tr></table> <p>Overnight Fees apply: <input type="text" value="Yes"/></p> <p>Other fees apply: <input type="text" value="No"/></p>	<input checked="" type="checkbox"/>	Monday	<input checked="" type="checkbox"/>	Tuesday	<input checked="" type="checkbox"/>	Wednesday	<input checked="" type="checkbox"/>	Thursday	<input checked="" type="checkbox"/>	Friday	Phone:	<input type="text" value="Yes"/>	Phone #:		Fax:	<input type="text" value="Yes"/>	Fax #:	732-562-8788	EDI:	<input type="text" value="Yes"/>				
<input checked="" type="checkbox"/>	Monday																								
<input checked="" type="checkbox"/>	Tuesday																								
<input checked="" type="checkbox"/>	Wednesday																								
<input checked="" type="checkbox"/>	Thursday																								
<input checked="" type="checkbox"/>	Friday																								
Phone:	<input type="text" value="Yes"/>	Phone #:																							
Fax:	<input type="text" value="Yes"/>	Fax #:	732-562-8788																						
EDI:	<input type="text" value="Yes"/>																								
Class of Trade Restriction:																									
<p>No restriction: Select YES if sold to retail pharmacy, hospitals, clinics and physician offices <input type="text" value="Yes"/></p> <p>Restricted to retail pharmacy only: <input type="text" value="Yes"/></p> <p>Restricted to hospital, clinics, and physician offices only: <input type="text" value="No"/></p> <p>Restricted from US territories? (explain in comments) <input type="text" value="No"/></p> <p>Comments: <input type="text"/></p>																									
Other Data Information Required to Process PO:	Return Instructions																								
<p>Patient Procedure Date: <input type="text"/></p> <p>Physician Name: <input type="text"/></p> <p>Physician/Clinic Phone #: <input type="text"/></p> <p>Physician State License #: <input type="text"/></p> <p>Physician/Clinic DEA #: <input type="text"/></p> <p>Physician/Clinic Specialty: <input type="text"/></p>	<p>Contact # if product is received damaged: <input type="text" value="732-529-0430"/></p> <p>Is product returnable for credit: <input type="text" value="Yes"/></p> <p>URL/Link to returns policy: <input type="text"/></p> <p>Special regulations or returns requirements for this product in certain states? <input type="text" value="Yes"/></p> <p>If so, which states? Other requirements? Comments? <input type="text"/></p>																								
Miscellaneous Notes:	ADDITIONAL INFORMATION																								
<input type="text"/>	<p>Is product order for scheduled patient procedure? <input type="text" value="No"/></p> <p>Is product order for restocking purposes? <input type="text" value="No"/></p>																								