



# Standard Pharmaceutical Product and Medical Device Information (Rx Product Only)

| Version 2021   |                   | Introduction Type: <span>Post Launch Change</span> |                             | <input checked="" type="checkbox"/> Final Version   |  | Date: <span>8/12/2025</span>   |                   |   |         |                     |   |                |  |                             |  |  |  |  |  |  |  |                 |  |                             |  |                                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|-------------------|--|-----------------------------|---|--|--|-------------------|---|---------|---------------------|---|----------------|--|-----------------------------|--|--|--|--|--|--|--|-----------------|--|-----------------------------|--|---------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| <b>PRODUCT INFORMATION</b>   |                   |  |                             |   |  | <b>SPECIAL HANDLING AND STORAGE REQUIREMENTS*</b>  |                   |   |         |                     |   |                |  |                             |  |  |  |  |  |  |  |                 |  |                             |  |                                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <div>Company Name: <span>Camber Pharmaceuticals, Inc.</span> Application: <span>ANDA</span></div> <div>Application Number for NDA/ANDA/BLA (drug); PMA/510(k)(med device): <span>040901</span></div> <div>Medical Device Class, if applicable: <span></span></div> <div>DUNS: <span>11-856-3719</span></div> <div>Proprietary Name (If Applicable) and Established Name: <span>Hydralazine Hydrochloride Tablets, USP 10 mg</span></div> <div>Selling Unit NDC: <span>31722-519-01</span> Unit of Use NDC: <span></span> UPC: <span>331722519014</span></div> <div>UDI: <span></span> CVX Code: <span></span> MVX Code: <span></span></div> <div>Description: <span>Hydralazine Hydrochloride Tablets, USP 10 mg</span></div> <div>Active Ingredient(s): <span>Hydralazine hydrochloride, USP</span></div> <div>URL for Additional Product Information: <span>www.camberpharma.com</span></div> <div>Address: <span>800 Centennial Ave, Suite 1</span> Address 2: <span></span></div> <div>City: <span>Piscataway</span> State: <span>NJ</span> Zip: <span>08854</span></div> <div>Key Contact: <span>Customer Service</span> Email: <span>customerservice@camberpharma.com</span></div> <div>Phone Number: <span>1-866-827-3647</span> Fax: <span>732-562-8788</span></div> <div>Product Therapeutic Classification: <span>Vasodilator</span></div> |                   |  |                             |   |  | <div>a. Temperature – Indicate the USP temperature range for this product.</div> <div>Temperature Range <span>Controlled Room – between 20 and 25 C (68° – 77° F)</span></div> <div>Other Temperature Range Requirement (write in) <span></span></div> <div>Notes <span></span></div> <div>Is this product to be shipped to customers on ice? <span>No</span></div> <div>Is this product to be shipped to customers on dry ice? <span>No</span></div> <div>b. Contact for temperature excursion questions:</div> <div>Name: <span>Soma Raju</span></div> <div>Number: <span>732-529-0423</span></div> <div>Group E-mail: <span>somaraju@heterousa.com</span></div> <div>c. Special regulations for product in any states?</div> <div>Special returns requirements for this product? <span>No</span></div> <div>d. Store product (unit of sale) upright?</div> <div>Protect product (unit of sale) from light? <span>No</span></div> <div>e. Shelf life:</div> <div>Initial shelf life at launch (if different): <span>24</span> Months</div> |                   |   |         |                     |   |                |  |                             |  |  |  |  |  |  |  |                 |  |                             |  |                                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>ADDITIONAL PRODUCT INFORMATION</b>  |                   |  |                             | <b>PRODUCT DESCRIPTION INFORMATION</b>  |  |  |                   |   |         |                     |   |                |  |                             |  |  |  |  |  |  |  |                 |  |                             |  |                                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <div>The product is?</div> <div>a legend device? <span>No</span></div> <div>if yes, enter class # <span></span></div> <div>a product kit? <span>No</span></div> <div>if yes, list NDCs of component parts <span></span></div> <div>reverse numbered? <span>No</span></div> <div>co-licensed? <span>No</span></div> <div>latex-free? <span>Yes</span></div> <div>preservative-free? <span>Yes</span></div> <div>correctional institution block? <span>No</span></div> <div>opioid? <span>No</span></div> <div>Cannabinoid? <span>No</span></div> <div>If Unit Dose, is item bar coded to unit dose for hospital scanning? <span></span></div> <div>If Unit Dose, indicate NDC here: <span></span></div>   |                   |  |                             | <div>Is the Product... <span>Direct-Ship Only</span></div> <div>Is the Product... <span>Neither</span></div> <div>Orphan Drug Status <span></span></div> <div>FDA Approval Status <span></span></div> <div>Allergens Present <span></span></div> <div>Country of Origin <span>India</span></div> <div>Is this product covered under the Trade Agreements Act (TAA)? <span>No</span></div> |  |  |                   | <div>Size: <span>100 ct</span></div> <div>Strength: <span>10 mg</span></div> <div>Dosage Form: <span>Tablet</span></div> <div>Product Shape: <span>Round</span></div> <div>Product Color: <span>Orange</span></div> <div>Product Imprint: <span>Unscored, debossed with 'H' on one side and '38' on the other side</span></div> |         |                     |   |                |  |                             |  |  |  |  |  |  |  |                 |  |                             |  |                                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>FOR GENERIC DRUG PRODUCTS</b>   |                   |  |                             |   |  | <b>ORDER INFORMATION</b>   |                   |   |         |                     |   |                |  |                             |  |  |  |  |  |  |  |                 |  |                             |  |                                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <div>I. Orange Book Rating: <span>AA</span></div> <div>II. Generic Equivalent to What Brand?: <span>Hydralazine Hydrochloride (Pliva) - RS</span></div>  |                   |  |                             |   |  | <div>Unit of Sale</div> <div><input checked="" type="checkbox"/> Bottle</div> <div><input type="checkbox"/> Box/ Carton</div> <div><input type="checkbox"/> Ampule</div> <div><input type="checkbox"/> Glass</div> <div><input type="checkbox"/> Tube</div> <div><input type="checkbox"/> Vial Liquid Sgl</div> <div><input type="checkbox"/> Vial Liquid Multi</div> <div><input type="checkbox"/> Vial Powder Sgl</div> <div><input type="checkbox"/> Vial Powder Multi</div> <div><input type="checkbox"/> Other: Write In <span></span></div> <div>What is the NDC selling unit?</div> <div><span>1 Bottle of 100 Tablets</span></div> <div>(Write-in, e.g. 1 Box of 10 Vials)</div> <div>Minimum order quantity? <span>Yes</span></div> <div>If Yes, how many of which package type?</div> <div><span>24</span> Each</div> <div><span></span> Inner/ Carton/ Pack</div> <div><span></span> Case</div>   |                   |   |         |                     |   |                |  |                             |  |  |  |  |  |  |  |                 |  |                             |  |                                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>PHARMACY ORDER / BILL UNIT</b>  |                   |  |                             |   |  |  |                   |   |         |                     |   |                |  |                             |  |  |  |  |  |  |  |                 |  |                             |  |                                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <div>Rec. sell unit to customer? <span></span></div> <div>(Write-in, e.g. 1 Vial)</div> <div>Rx billing unit to pharmacy:</div> <div><input type="checkbox"/> Each</div> <div><input type="checkbox"/> Gram</div> <div><input type="checkbox"/> Milliliter</div>   |                   |  |                             |   |  |  |                   |   |         |                     |   |                |  |                             |  |  |  |  |  |  |  |                 |  |                             |  |                                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>DRUG SUPPLY CHAIN SECURITY ACT (DSCSA) INFORMATION</b>  |                   |  |                             |   |  |  |                   |   |         |                     |   |                |  |                             |  |  |  |  |  |  |  |                 |  |                             |  |                                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <div>Does supplier meet DSCSA definition of manufacturer? <span>Yes</span></div> <div>Is product exempt from DSCSA? <span>No</span></div> <div>If yes, select exemption:</div> <div>Other exemption - Write in: <span></span></div> <div>Is product repackaged? <span>No</span></div> <div>Is product sold by manufacturer's exclusive distributor? <span>Yes</span></div> <div>Has FDA granted waiver/exception/exemption for product? <span>No</span></div> <div>If yes, attach documentation from FDA. <span></span></div> <div>GLN: <span>0331722498975</span></div> <div>GCP: <span></span></div> <div>If yes, was original product purchased direct from mfr? <span></span></div> <div>Provide source manufacturer for repackaged product <span></span></div>  |                   |  |                             |   |  |  |                   |   |         |                     |   |                |  |                             |  |  |  |  |  |  |  |                 |  |                             |  |                                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>GTIN AND HIBCC PRODUCT INFORMATION</b>  |                   |  |                             |   |  |  |                   |   |         |                     |   |                |  |                             |  |  |  |  |  |  |  |                 |  |                             |  |                                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <table><thead><tr><th>Saleable Unit of Measure</th><th>Saleable Quantity</th><th>HIBCC</th><th>GTIN-14</th><th>Unit of Use GTIN-14</th></tr></thead><tbody><tr><td><input checked="" type="checkbox"/> Item/Each</td><td><span>1</span></td><td></td><td><span>00331722519014</span></td><td></td></tr><tr><td><input type="checkbox"/> Box/ Carton/ Bundle/ Inner Pack</td><td></td><td></td><td></td><td></td></tr><tr><td><input checked="" type="checkbox"/> Case</td><td><span>24</span></td><td></td><td><span>20331722519018</span></td><td></td></tr><tr><td><input type="checkbox"/> Pallet</td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td></tr></tbody></table>   |                   |  |                             |   |  | Saleable Unit of Measure   | Saleable Quantity | HIBCC   | GTIN-14 | Unit of Use GTIN-14 | <input checked="" type="checkbox"/> Item/Each | <span>1</span> |  | <span>00331722519014</span> |  | <input type="checkbox"/> Box/ Carton/ Bundle/ Inner Pack |  |  |  |  | <input checked="" type="checkbox"/> Case | <span>24</span> |  | <span>20331722519018</span> |  | <input type="checkbox"/> Pallet |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Saleable Unit of Measure   | Saleable Quantity | HIBCC  | GTIN-14                     | Unit of Use GTIN-14   |  |  |                   |   |         |                     |   |                |  |                             |  |  |  |  |  |  |  |                 |  |                             |  |                                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <input checked="" type="checkbox"/> Item/Each  | <span>1</span>    |  | <span>00331722519014</span> |   |  |  |                   |   |         |                     |   |                |  |                             |  |  |  |  |  |  |  |                 |  |                             |  |                                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <input type="checkbox"/> Box/ Carton/ Bundle/ Inner Pack   |                   |  |                             |   |  |  |                   |   |         |                     |   |                |  |                             |  |  |  |  |  |  |  |                 |  |                             |  |                                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <input checked="" type="checkbox"/> Case   | <span>24</span>   |  | <span>20331722519018</span> |   |  |  |                   |   |         |                     |   |                |  |                             |  |  |  |  |  |  |  |                 |  |                             |  |                                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <input type="checkbox"/> Pallet  |                   |  |                             |   |  |  |                   |   |         |                     |   |                |  |                             |  |  |  |  |  |  |  |                 |  |                             |  |                                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |                   |  |                             |   |  |  |                   |   |         |                     |   |                |  |                             |  |  |  |  |  |  |  |                 |  |                             |  |                                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |                   |  |                             |   |  |  |                   |   |         |                     |   |                |  |                             |  |  |  |  |  |  |  |                 |  |                             |  |                                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |                   |  |                             |   |  |  |                   |   |         |                     |   |                |  |                             |  |  |  |  |  |  |  |                 |  |                             |  |                                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |                   |  |                             |   |  |  |                   |   |         |                     |   |                |  |                             |  |  |  |  |  |  |  |                 |  |                             |  |                                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>COST INFORMATION</b>  |                   |  |                             | <b>WHOLESALE USE ONLY:</b>  |  |  |                   |   |         |                     |   |                |  |                             |  |  |  |  |  |  |  |                 |  |                             |  |                                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <div>Regular Cost <span></span></div> <div>Invoice Cost (WAC) (\$) <span>\$4.43</span></div> <div>As of date: <span>4/15/2024</span></div>   |                   |  |                             | <div>Vendor #: <span></span></div> <div>Whsl. Code #: <span></span></div> <div>Fineline Code: <span></span></div>   |  |  |                   |   |         |                     |   |                |  |                             |  |  |  |  |  |  |  |                 |  |                             |  |                                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <div>*Please provide any additional information on page 2.</div> <div>Attach copy of SAFETY DATA SHEET (SDS) or non hazard letter, PACKAGE INSERT, LABEL AND PHOTO OF PRODUCT PACKAGING and BARCODE.</div> <div>See new p. 3 for Designated Drop Ship Only.</div> <div>Signature: <span></span></div>  |                   |  |                             |   |  |  |                   |   |         |                     |   |                |  |                             |  |  |  |  |  |  |  |                 |  |                             |  |                                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |



# Standard Pharmaceutical Product and Medical Device Information (Rx Product Only)

Version 2021

For Designated Drop Ship Only Products, Please Use Page 3

| MATERIAL HAZARD CLASSIFICATION and TRANSPORTATION  |                                 |   |                                 |
|--|---------------------------------|---|---------------------------------|
| <b>Is this product (check all that apply):</b>   |                                 |   |                                 |
| a. Cytotoxic?  | <input type="text" value="No"/> |   |                                 |
| b. CA Prop. 65 Carcinogen or Reproductive Toxicant?  | <input type="text" value="No"/> |   |                                 |
| Is the product a CA Prop 65 carcinogen?  | <input type="text" value="No"/> |   |                                 |
| Is the product a CA Prop 65 reproductive toxicant?   | <input type="text" value="No"/> |   |                                 |
| Does the product label bear a CA Prop 65 warning?  | <input type="text" value="No"/> |   |                                 |
| c. Contact Hazard?   | <input type="text" value="No"/> |   |                                 |
| d. Does this product require special clean-up instructions?<br>(If yes, attach SDS with special instructions.) | <input type="text" value="No"/> |   |                                 |
| e. Does the product contain DEHP?  | <input type="text" value="No"/> |   |                                 |
| <b>Is this product regulated for shipment by DOT?</b><br>(if yes, answer a-e below and provide SDS)            |                                 |   |                                 |
| a. UN/Identification Number  | <input type="text"/>            |   |                                 |
| b. Proper Shipping Name  | <input type="text"/>            |   |                                 |
| c. DOT Hazard Class  | <input type="text"/>            |   |                                 |
| d. Packing Group   | <input type="text"/>            |   |                                 |
| e. Inhalation Hazard?  | <input type="text"/>            |   |                                 |
| <b>Is this product regulated for shipment by IATA?</b><br>(if yes, answer a-e below and provide SDS)           |                                 |   |                                 |
| a. UN/Identification Number  | <input type="text"/>            |   |                                 |
| b. Proper Shipping Name  | <input type="text"/>            |   |                                 |
| c. DOT Hazard Class  | <input type="text"/>            |   |                                 |
| d. Packing Group   | <input type="text"/>            |   |                                 |
| e. Inhalation Hazard?  | <input type="text"/>            |   |                                 |
| <b>Is the product restricted for air shipment? If so, indicate restriction:</b>                                |                                 | <input type="text" value="No"/>             |                                 |
| <input type="checkbox"/> Passenger   |                                 |   |                                 |
| <input type="checkbox"/> Cargo   |                                 |   |                                 |
| <input type="checkbox"/> Passenger & Cargo   |                                 |   |                                 |
| <b>Is this a reportable quantity?</b> <input type="text" value="No"/>  |                                 |   |                                 |
| RQ Threshold: <input type="text"/>   |                                 |   |                                 |
| <b>Is this a marine pollutant?</b> <input type="text" value="No"/>   |                                 |   |                                 |
| <b>Is this product shipped utilizing an authorized DOT exception or Special Permit?</b>                        |                                 |   |                                 |
| <input type="checkbox"/> No (if yes, identify method below)  |                                 |   |                                 |
| <input type="checkbox"/> Limited Quantity  |                                 |   |                                 |
| <input type="checkbox"/> Consumer Commodity, ORM-D   |                                 |   |                                 |
| <input type="checkbox"/> Small Quantity (49 CFR 173.4)   |                                 |   |                                 |
| <input type="checkbox"/> Special Permit; DOT-SP  |                                 |   |                                 |
| <input type="checkbox"/> Special Provision (listed in Column 7 of 49 CFR 172.101);                             |                                 |   |                                 |
| SP# <input type="text"/>   |                                 |   |                                 |
| ADD'L STORAGE INFORMATION  |                                 |   |                                 |
| <b>Is the Product...</b>   |                                 |   |                                 |
| Controlled Substance?  | <input type="text" value="No"/> | Controlled Substance Code                   | <input type="text"/>            |
| Controlled by State(s)?  | <input type="text" value="No"/> | Listed Chemical (List I or II)              | <input type="text" value="No"/> |
| ARCOS Reportable?  | <input type="text" value="No"/> | If yes, indicate which:                     | <input type="text"/>            |
| Schedule No.   | <input type="text"/>            | Is it a scheduled listed chemical product?: | <input type="text" value="No"/> |
| CLASS OF TRADE RESTRICTION:  |                                 |   |                                 |
| No restriction: Select YES if sold to retail pharmacy, hospitals, clinics and physician offices                |                                 | <input type="text" value="Yes"/>            |                                 |
| Restricted to retail pharmacy only:  |                                 | <input type="text" value="No"/>             |                                 |
| Restricted to hospital, clinics, and physician offices only:   |                                 | <input type="text" value="No"/>             |                                 |
| Restricted from US territories? (explain in comments)  |                                 | <input type="text" value="No"/>             |                                 |
| Comments: <input type="text"/>   |                                 |   |                                 |
| MISCELLANEOUS NOTES and/or Image of Product Barcode:   |                                 |   |                                 |
| <input type="text"/>   |                                 |   |                                 |

| SDS Hazard Classification  |   |
|--|---|
| <input checked="" type="checkbox"/> Organic  | <input type="text" value="Corrosive"/>      |
| <input type="checkbox"/> Inorganic   | <input type="text" value="Oxidizer"/>       |
| <input type="checkbox"/> Steroid/Androgen  | <input type="text" value="Contact Hazard"/> |
| Does the product have an Aerosol class? If yes, identify NFPA Storage Level: <input type="text" value="No"/> |   |
| NFPA Storage Level: <input type="text"/>   |   |
| Is the product a NIOSH hazardous drug? <input type="text" value="No"/>                                       |   |
| If yes, indicate which: <input type="text"/>   |   |

| Hazardous Waste Identification                 |  |
|--|--|
| EPA Hazardous Waste Code: <input type="text"/> | Waste Characteristics <input type="text"/> |

| REMS or REGISTRY RESTRICTIONS   |                              |
|---|------------------------------|
| <b>Is there a REMS on this product?</b> <input type="text" value="No"/>         |                              |
| If Yes, is it managed with a pharmacy registry? <input type="text"/>            |                              |
| Website URL: <input type="text"/>   |                              |
| <b>Med Guide Required</b> <input type="text" value="No"/>                       |                              |
| <b>Limited Distribution Requirement</b> <input type="text"/>                    |                              |
| <b>Comments / Details: (For example, iPledge program?)</b> <input type="text"/> |                              |
| <b>REMS:</b> <input type="text" value="No"/>                                    |                              |
| REMS Program Manager Name:  | Phone: <input type="text"/>  |
| Supplier Manages REMS registry exclusively:                                     | <input type="text"/>         |
| Wholesale distributor support:  | <input type="text"/>         |
| Provider Name:  | DEA #: <input type="text"/>  |
| Site Enrollment Number assigned by Supplier:                                    | NCPDP#: <input type="text"/> |
|   | NPI #: <input type="text"/>  |
| Comments: <input type="text"/>  |                              |
| <b>Registry:</b> <input type="text" value="No"/>                                |                              |
| Registry Program Contact Name:  | Phone: <input type="text"/>  |
| Comments: <input type="text"/>  |                              |

| RETURN INSTRUCTIONS   |                                  |
|---|----------------------------------|
| Contact tel. # if product received damaged:   | 1-866-827-3647                   |
| Is product returnable for credit:   | <input type="text" value="Yes"/> |
| URL/Link to returns policy: <input type="text" value="contact - customerservice@camberpharma.com"/>             |                                  |
| Special regulations or returns requirements for this product in certain states? <input type="text" value="No"/> |                                  |
| If so, which states? Other requirements? Comments? <input type="text"/>   |                                  |



# Standard Pharmaceutical Product and Medical Device Information (Rx Product Only)

Version 2021

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> <p>a. EDI <input type="text"/></p> <p>b. Autofax <input type="text"/></p> <p>c. Fax <input type="text"/></p> <p>d. Phone only <input type="text"/></p> <p>e. Supplier Web Site only <input type="text"/></p> <p>Minimum Order Quantity: <input type="text"/></p> <p>Supplier's Customer Service Number: <input type="text"/></p> <p>Contracted 3PL company / contact #: <input type="text"/></p> <p>Name: <input type="text"/></p> <p>Phone: <input type="text"/></p> <p>Fax Number: <input type="text"/></p> <p>Fax Number: <input type="text"/></p> <p>Phone No.: <input type="text"/></p> <p>Site Address: <input type="text"/></p> | <p><b>Purchase order daily receipt cut off time by supplier</b></p> <p>Cut off time: <input type="text"/></p> <p>Shipping lead time of PO: <input type="text"/> Hours <input type="text"/> Days</p> <p>Ships same day for next day receipt: <input type="text"/></p> <p>Ships for second day receipt: <input type="text"/></p> <p>Ships regular ground for 3-10 days receipt: <input type="text"/></p>  |
| <p><b>Expedited Freight Charges or Other Designated Drop Ship Fees:</b></p> <p>Expedited freight fees billed with each order: <input type="text"/></p> <p>Drop Ship service fee billed with each order: <input type="text"/></p> <p>Drop Ship miscellaneous fees billed: <input type="text"/></p> <p>Comments: <input type="text"/></p>   | <p><b>Overnight and Priority Overnight PO Processing</b></p> <p><b>Overnight receipt available:</b> <input type="text"/></p> <p>PO Receipt cut off time: <input type="text"/></p> <p>Days of week overnight is available:</p> <p><input type="checkbox"/> Monday</p> <p><input type="checkbox"/> Tuesday</p> <p><input type="checkbox"/> Wednesday</p> <p><input type="checkbox"/> Thursday</p> <p><input type="checkbox"/> Friday</p> <p><b>Priority Overnight receipt available:</b> <input type="text"/></p> <p>PO Receipt Cut off time: <input type="text"/></p> <p><b>Saturday Overnight receipt available:</b> <input type="text"/></p> <p>PO Receipt Cut off time: <input type="text"/></p> <p>Order receipt method: Phone: <input type="text"/> Phone #: <input type="text"/></p> <p>Fax: <input type="text"/> Fax #: <input type="text"/></p> <p>EDI: <input type="text"/></p> <p>Overnight Fees apply: <input type="text"/></p> <p>Other fees apply: <input type="text"/></p> |
| <p><b>Class of Trade Restriction:</b></p> <p>No restriction: Select YES if sold to retail pharmacy, hospitals, clinics and physician offices <input type="text"/></p> <p>Restricted to retail pharmacy only: <input type="text"/></p> <p>Restricted to hospital, clinics, and physician offices only: <input type="text"/></p> <p>Restricted from US territories? (explain in comments) <input type="text"/></p> <p>Comments: <input type="text"/></p>  |   |
| <p><b>Other Data Information Required to Process PO:</b></p> <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><b>Return Instructions</b></p> <p>Contact # if product is received damaged: <input type="text"/></p> <p>Is product returnable for credit: <input type="text"/></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"/></p> <p>If so, which states? Other requirements? Comments? <input type="text"/></p>  |
| <p><b>Miscellaneous Notes:</b></p> <p><input type="text"/></p>  | <p><b>ADDITIONAL INFORMATION</b></p> <p>Is product order for scheduled patient procedure? <input type="text"/></p> <p>Is product order for restocking purposes? <input type="text"/></p>  |