

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

Version 2024						Introduction ³	Type: Ne	ew Item		x Final Version			Date:	7/7/2	2025
PRODUCT INFORMATION						SPECIAL HANDLING AND STORAGE REQUIREMENTS*									
Company Name: Camber Pharmaceuticals, Inc. Application: ANDA						ANDA	a. Temperature – Indicate the USP temperature range for this product.								
Application Number for NDA/ANI	DA/BLA; PMA/510	(k):	216591			NDA 505(b) Type	: NOT APPL	ICABLE		Temperature Range	Controlled Room -		and 25 C (68	° – 77° F)	
Medical Device Class, if applicat	ole:														
DUNS:	11-856-3719									Other Temperature Range F	Requirement	After reconstitution without significant	n, this vial may be s	tored in a refrigerate	or for 96 hours
Proprietary Name (If Applicable) a		ame:	Vancomycin Hydrochloride		mg/vial (Single					(write in)		without significant	loss or potericy.		
Selling Unit NDC:	31722-210-10		Unit of Us			UPC: MVX Code:	331722210102			Notes					
UDI			CVX Co			MVX Code:			ļ						
Description:	Vancomycin Hydr	ochloride for In	njection, USP 500 mg/vial	Single-dose Vials)						Is this product to be shipped				No	
Active Ingredient(s):	Active Ingredient(s): Vancomycin hydrochloride, USP							Is this product to be shipped to customers on dry ice? No							
URL for Additional Product Inform	nation:	www.camber	pharma.com						b. Contact for temperature excursion questions: Name: Soma Raju						
Address:	800 Centennial Av		priarria.com		1	Address 2:			l I	Number:		732-529-042	23		
City:	Piscataway				State:	NJ Zip : 08854			Group E-mail: somaraju@heterousa.co				n		
Key Contact:	Customer Service	•			Email:	customerservice	@camberpharma.com	<u>m</u>						_	
Phone Number:	1-866-827-3647				Fax:	732-562-8788	732-562-8788			c. Special regulations for product in any states?			No		
Product Therapeutic Classification	n:	Tricyclic glyc	copeptide antibiotic							Special returns requirement	s for this product?			No	
	ADDITI	ONAL PRODU	JCT INFORMATION			PRODUCT	DESCRIPTION INFO	DRMATION	d. Store produ	ct (unit of sale) upright?				No	
The product is?			Is the Product.		Only					Protect product (unit of sa	ile) from light?			No	
a legend device?		No	Is the Product.			Size:	10 single-do	ose vials	e. Shelf life:					18	Months
if yes, enter class #		ls.	Orphan Drug S	tatus			=00 / : 1			Initial shelf life at launch (if different):				Months
a product kit? if yes, list NDCs of		No	FDA Approval	Nad		Strength:	500 mg/vial				ORDER INFORM	IATION			
component parts			FDA Approvai	status			Sterile, Ivophilize	d powder or cake for			ORDER IN ORI	IATION			
reverse numbered?		No				Dosage For	m: preparing intrave	nous infusions or		Unit of Sale		What is the	NDC selling	unit?	
co-licensed?		No	Allergens Pres	ent			iniections			Bottle		1 Box of 10	Vials		
latex-free?		Yes	_			Product Sha	Powder in s	ingle-dose vial		x Box/Carton		(Write-in, e.	g. 1 Box of 10	0 Vials)	
preservative-free?		Yes				Froduct Sile				Ampule					
correctional institution block?		No				Product Col	lor: White to tan	1		x Glass		Minimum or	rder quantity	?	Yes
opioid?		No								Tube					
Cannabinoid? If Unit Dose, is item bar coded to u		No	Country of Origi	India		Product Imp	orint: N/A			Vial Liquid Sgl Vial Liquid Multi		W.V b		-l l 4	
hospital scanning?	init dose for	Yes	In this product o	overed under the									many or wni Each	ch package t	ype?
If Unit Dose, indicate NDC here:		31722-210-3			No					x Vial Powder Sgl Vial Powder Multi		<u>'</u>	Inner/Carton	/Pack	
III SIIII BOOG, IIIGIGGG 11B S 11G G		01122 210 0			.10					Other: Write In			Case	, don	
			FOR GENERIC D	RUG PRODUCTS					•						
					A	uthorized Generic	*If Authorized Gene			PH	PHARMACY ORDER / BILL UNIT				
I. Orange Book Rating:	AP						section fields are n	ot applicable	Rec. sell unit to customer? Rx billing unit to pharmacy:			acy:			
II. Generic Equivalent to What Brand?: Vancomycin Hydrochloride for Injection (Fresenius Kabi USA, LLC)			LLC)				Each								
DRUG SUPPLY CHAIN SECURITY ACT (DSCSA) INFORMATIO				DMATION	ATION			(Write-in, e.g.				Gram			
		DRUG	SUPPLY CHAIN SECURIT	Y ACT (DSCSA) INFO	RMATION				HCPCS J-Cod	e: J3373	1		Milliliter		
Does supplier meet DSCSA definit	tion of manufactur	rer?	Yes		GLN:	0331722498975					AND PACKING I	IFORMATIO	N		
Is product exempt from DSCSA?			No			22122									
If yes, select exemption:					GCP:				i I		Dimensi	ons (US msn	nts.)	Volume	Saleable #
Other exemption - Write in:									1	Weight Lbs.	Depth	Width	Height	(Cube)	Pieces
Is product repackaged?			No		If yes, was o	riginal product pur	rchased		Item/Each:	0.5	6.31	2.5	2.94	46.38	1
Is product sold by manufacturer's			Yes		direct from n	nfr?					0.31	2.5	2.94	40.30	1
Has FDA granted waiver/exception		roduct?	No		Provide sour	rce manufacturer fo	or repackaged prod	uct	Box/Carton/Bi	undle/					
If yes, attach documentation from	n FDA.								Inner Pack:						
			GTIN AND HIBCC PRO	DUCT INFORMATION					Case:	11.65	13.25	13.38	6.63	1175.40	20
			OTIN AND HIDOUF NO	DOCT IN ORMATION					Pallet:						
Saleable Unit of Measure	RFID tag(Y/N)	Saleable	HIBCC		GT	IN-14	Unit of Use	e GTIN-14	I I unct.						
	5,,	Quantity													
x Item/Each	N	1			003	331722210102			l L						
Box/Carton/Bundle/Inner Pack										COST INFORMATION			WHOLESALE	ER USE ONL	Y:
X Case	N	20			203	331722210106			11						
Pallet									Regular Cost	M(A,C), (\$)	#00.00	Vendor #: Whsl. Code	4.		
					_				Invoice Cost (VVAC) (4)	\$30.00	Fineline Co			
									As of date:	1/30/2023		. momie ou			
												1			
									Ш			<u> </u>			
			Attach copy of SA	ETY DATA SHEET (S	DS) or non haza	ard letter, PACKAGE	E INSERT, LABEL AN	ND PHOTO OF F	PRODUCT PACKA	GING and BARCODE.					
	ormation on page						r Designated Drop S								



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

Version 2024

For Designated Drop Ship Only Products, Please Use Page 3

MATERIAL HAZARD CLASSIFICATION and TRANSPORTATION						
Is this product (check all that apply): a. Cytotoxic? b. CA Prop. 65 Carcinogen or Reproductive Toxicant?	No	SC	S Hazard Classification			
Is the product a CA Prop 65 carcinogen? Is the product a CA Prop 65 reproductive toxicant? Does the product label bear a CA Prop 65 warning?	x Organic Inorganic Steroid/Androgen	Corrosive Oxidizer Contact Hazard				
c. Contact Hazard? d. Does this product require special clean-up instructions? (If yes, attach SDS with special instructions.) e. Does the product contain DEHP?	No No	Does the product have an Aerosol class? If yes, identify NFPA Storage Level: NFPA Storage Level:				
Is this product regulated for shipment by DOT? (if yes, answer a-e below and provide SDS) a. UN/Identification Number b. Proper Shipping Name	No	Is the product a NIOSH hazardous drug? If yes, indicate which:	No			
c. DOT Hazard Class d. Packing Group		Haza EPA Hazardous Waste Code:	ous Waste Identification Waste Characteristics			
e. Inhalation Hazard? Is this product regulated for shipment by IATA?	No	EFA Hazardous Waste Code.		Waste Characteristics		
(if yes, answer a-e below and provide SDS)		REMS o	r REGISTRY RESTRICTIONS			
a. UN/Identification Number b. Proper Shipping Name c. DOT Hazard Class d. Packing Group e. Inhalation Hazard?		Is there a REMS on this product? If Yes, is it managed with a pharmacy registry? Website URL:	No			
Is the product restricted for air shipment? If so, indicate restriction: Passenger Cargo Passenger & Cargo	No	Med Guide Required Limited Distribution Requirement Comments / Details: (For example, iPledge program?)	No			
Is this a reportable quantity? No RQ Threshold: Is this a marine pollutant? No Is this product shipped utilizing an authorized DOT exception or Special Permit? No (if yes, identify method below) Limited Quantity Consumer Commodity, ORM-D Small Quantity (49 CFR 173.4)		REMS: REMS Program Manager Name: Supplier Manages REMS registry exclusively: Wholesale distributor support: Provider Name: Site Enrollment Number assigned by Supplier:	No	Phone: DEA #: NCPDP#: NPI #:		
Special Permit; DOT-SP Special Provision (listed in Column 7 of 49 CFR 172.101);		Comments				
SP#		Registry: Registry Program Contact Name:	No	Phone:		
ADD'L STORAGE INFORMATION		Comments		Thoric.		
Is the Product Controlled Substance? Controlled Substance Code Controlled by State(s)? No Listed Chemical (List I or II)	No	RI	ETURN INSTRUCTIONS			
ARCOS Reportable? Schedule No. If yes, indicate which: Is it a scheduled listed chemical product?:	No	Contact tel. # if product received damaged: Is product returnable for credit:	1-866-827-3647 Yes			
CLASS OF TRADE RESTRICTION:		URL/Link to returns policy:				
No restriction: Select YES if sold to retail pharmacy, hospitals, clinics and physician offices	Yes	contact - customerse	rvice@camberpharma.com			
Restricted to retail pharmacy only: Restricted to hospital, clinics, and physician offices only:	No No	Special regulations or returns requirements for this product in certain states?				
Restricted from US territories? (explain in comments) Comments:	No	If so, which states? Other requirements? Comments?				
MI	SCELLANEC	US NOTES and/or Image of Product Barcode:				



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

Version 2024

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

Purchase order ally receipt cut off time by supplier a. EDI b. Autofax C. Fax Fax Number: C. Fax d. Phone only Phone only Supplier Veb Sile only Supplier Veb S	Order Method	for Designated Drop Ship Product	Standard Order Receipt and Processing				
b. Autofax c. Fax d. Phone only e. Supplier Web Site only e. Supplier Web Site only supplier Subserver Service Number: Contracted 3PL company / contact #: Name: Phone Phone Phone Phone Phone Site Address Ships aame day for next day receipt: Ships regular ground for 3-10 days receipt: S	Purchase orders may be accepted by:		Purchase order daily receipt cut off time by supplier				
d. Phone only e. Supplier Web Site only Site Address: Supplier Soustomer Service Number: Contracted 3PL company / contact # Name: Phone No. Expedited freight Charges or Other Designated Drop Ship Fees: Expedited freight fees billed with each order: Drop Ship service fee billed: Drop Ship service fee billed with each order: Drop Ship service fee billed: Drop Ship service fee billed: Drop Ship service fee billed: Drop Ship service fee billed with each order: Drop Ship service fee billed: Drop Ship ser	a. EDI		Cut off time:				
d. Phone only e. Suppler Web Site only Site Address: Ships same day for next day receipt: Ships for second day receipt wallabe: Drownight for ships for ceipt: Ships for second day receipt wallabe: Drownight for ceipt valiable: Days of week overnight for ceipt: Days of week overnight for ships for ceipt files: Days of week overnight for ships for ceipt files: Days of week overnight for ceipt files: Days of week overnight for ceipt files: Days of week overnight for ceipt files: Days							
e. Supplier Web Site only Minimum Order Quantity: Supplier's Customer Service Number: Contracted 3PL. company / contact #: Name: Phone: Expedited Freight Carlanges or Other Designated Drop Ship Fees: Expedited Freight Carlanges or Other Designated Drop Ship Fees: Drop Ship service fee billed with each order: Drop Ship miscellaneous fees billed: Drop Ship miscellaneous fees bi			Shipping lead time of PO: Hours Days				
Minimum Order Quantity: Supplier's Coutement Service Number: Contracted 3PL company / contact #: Name: Phone: Expedited Freight Charges or Other Designated Drop Ship Fees: Expedited Freight Charges or Other Designated Drop Ship Fees: Expedited freight fees billed with each order: Drop Ship service fee billed with each order: Drop Ship service fee billed with each order: Drop Ship miscellaneous fees billed: Comments: No restriction: Select YES if sold to retail pharmacy, hospitals, clinics and physician offices Restricted to retail pharmacy only: Restricted to hospital, clinics, and physician offices only: Restricted from US territories? (explain in comments) Other Data Information Required to Process PO: Patient Procedure Data: Physician Clinic Specially: Mitcellaneous Notes: Mitcellaneous Notes: Ships rescond day receipt: Ships regular ground for 3-10 days receipt: Overnight receipt available: Drop Receipt cut off time: Days of week overnight is available: Drop Receipt cut off time: Days of week overnight is available: Proficity Overnight receipt available: Po Receipt Cut off time: Drop Receipt Cut off	,		China annua dan faranat dan mariat				
Supplier's Customer Service Number: Contracted 3PL company / contact #: Name: Phone: Expedited Freight Charges or Other Designated Drop Ship Fees: Expedited Freight Head with each order: Drop Ship service fee billed with each order: Drop Ship inscellaneous fees billed: Drop Ship miscellaneous fees billed		Site Address:					
Contracted 3PL company / contact #: Phone: Expedited Freight Charges or Other Designated Drop Ship Fees: Expedited freight Charges or Other Designated Drop Ship Fees: Drop Ship service fee billed with each order: Drop Ship miscellaneous fees billed: Comments: Class of Trade Restriction: No restriction: Select YES if soid to retail pharmacy, hospitals, clinics and physician offices Restricted to hospital, clinics, and physician offices only: Restricted to hospital, clinics, and physician offices only: Comments: Other Data Information Required to Process PO: Patient Procedure Date: Physician/Clinic Phone # Physician/Clinic Specialty: Miscellaneous Notes: Miscellaneous Notes: ADDITIONAL INFORMATION Is product order for scheduled patient procedure? ADDITIONAL INFORMATION Is product order for scheduled patient procedure?	•						
Phone: Expedited Freight Charges or Other Designated Drop Ship Fees: Overnight and Priority Overnight PO Processing Expedited freight (here billed with each order: Drop Ship service fee billed with each order: Drop Ship miscellaneous fees billed: Comments: Class of Trade Restriction: No restriction: Select YES if sold to retail pharmacy, hospitals, clinics and physician offices Restricted to retail pharmacy only: Restricted to robsplat, clinics, and physician offices only: Restricted from US territories? (explain in comments) Other Data Information Required to Process PO: Patient Procedure Date: Physician Name: Physician State License # Physician Clinic Phone # Physician Clinic Phone # Physician State License # Physician Clinic Specialty: Miscellaneous Notes: Miscellaneous Notes: Overnight and Priority Overnight Po Processing Overnight in except available: Days of week overnight is available: Days of week overnight is available: Days of week overnight is available: Priority Overnight receipt	• •	Name:	Shipo regular ground for a ready recorpt.				
Expedited freight fees billed with each order: Drop Ship service fee billed with each order: Drop Ship miscellaneous fees billed: Comments: Drop Ship miscellaneous fees billed: Drop Ship miscellaneous fees billed with each order: Drop Ship service fee billed with each order: Drop Ship service fees billed with each order. Drop Ship service fees belief with savallable: Drop Seceipt cut off time: Po Receipt cut off t	00acioa 0. 2 copay , coacc //.						
Drop Ship service fee billed with each order: Drop Ship miscellaneous fees billed: Comments: Class of Trade Restriction: No restriction: Select YES if sold to retail pharmacy only: Restricted to retail pharmacy only: Restricted to nospital, clinics, and physician offices only: Restricted to hospital, clinics, and physician offices only: Restricted to hospital pharmacy only: Restricted t	Expedited Freight Cha	rges or Other Designated Drop Ship Fees:	Overnight and Priority Overnight PO Processing				
Drop Ship miscellaneous fees billed: Comments: Days of week overnight is available:	Expedited freight fees billed with each orde	er:	Overnight receipt available:				
Comments: Class of Trade Restriction: No restriction: Select YES if sold to retail pharmacy, hospitals, clinics and physician offices Restricted to notapital, clinics, and physician offices only: Restricted from US territories? (explain in comments) Comments: Other Data Information Required to Process PO: Patient Procedure Date: Physician Name: Physician Name: Physician Name: Physician State License # Physician State License # Physician State License # Physician Clinic Specialty: Miscellaneous Notes: Miscellaneous Notes: Tuesday Wednesday Thursday Thursday Priority Overnight receipt available: PO Receipt Cut off time: Saturday Overnight receipt available: PO Receipt Cut off time: Saturday Overnight receipt available: Po Receipt Cut off time: Saturday Overnight receipt available: Po Receipt Cut off time: Po Receipt Cut off time: Po Receipt Cut off time: Saturday Overnight receipt available: Po Receipt Cut off time: Po Receipt Cut off time:	Drop Ship service fee billed with each orde	r:	PO Receipt cut off time:				
Comments: Class of Trade Restriction: No restriction: Select YES if sold to retail pharmacy, hospitals, clinics and physician offices Restricted to notapital, clinics, and physician offices only: Restricted from US territories? (explain in comments) Comments: Other Data Information Required to Process PO: Patient Procedure Date: Physician Name: Physician Name: Physician Name: Physician State License # Physician State License # Physician State License # Physician Clinic Specialty: Miscellaneous Notes: Miscellaneous Notes: Tuesday Wednesday Thursday Thursday Priority Overnight receipt available: PO Receipt Cut off time: Saturday Overnight receipt available: PO Receipt Cut off time: Saturday Overnight receipt available: Po Receipt Cut off time: Saturday Overnight receipt available: Po Receipt Cut off time: Po Receipt Cut off time: Po Receipt Cut off time: Saturday Overnight receipt available: Po Receipt Cut off time: Po Receipt Cut off time:	Drop Ship miscellaneous fees hilled:						
Wednesday Thursday Friday Friday Priority Overnight receipt available: PO Receipt Cut off time: PO Receipt Cut off time							
Priority Overnight receipt available: Po Receipt Cut off time:							
Priority Overnight receipt available: Class of Trade Restriction: No restriction: Select YES if sold to retail pharmacy, hospitals, clinics and physician offices Restricted to retail pharmacy only: Restricted to hospital, clinics, and physician offices only: Restricted from US territories? (explain in comments) Comments: Other Data Information Required to Process PO: Patient Procedure Date: Physician Name: Physician/Clinic Phone # Physician/Clinic Deha #: Physician/Clinic Specialty: Miscellaneous Notes: Priority Overnight receipt available: PO Receipt Cut off time: Phone #: Fax: Fax #: EDI: Overnight Fees apply: Other fees apply: Other fees apply: Contact # if product is received damaged: Is product returnable for credit: URL/Link to returns policy: Special regulations or returns requirements for this product in certain states? If so, which states? Other requirements? Comments? ADDITIONAL INFORMATION Is product order for scheduled patient procedure?			Thursday				
Class of Trade Restriction: No restriction: Select YES if sold to retail pharmacy, hospitals, clinics and physician offices Restricted to retail pharmacy only: Restricted to hospital, clinics, and physician offices only: Restricted from US territories? (explain in comments) Other Data Information Required to Process PO: Patient Procedure Date: Physician Name: Physician/Clinic Phone # Physician/Clinic Specialty: Miscellaneous Notes: PO Receipt Cut off time: Phone # Fax: EDI: Overnight Fees apply: Other fees apply: Other receipt method: Fax: EDI: Overnight Fees apply: Other fees			Friday				
Class of Trade Restriction: No restriction: Select YES if sold to retail pharmacy, hospitals, clinics and physician offices Restricted to retail pharmacy only: Restricted to hospital, clinics, and physician offices only: Restricted from US territories? (explain in comments) Other Data Information Required to Process PO: Patient Procedure Date: Physician Name: Physician/Clinic Phone # Physician/Clinic Specialty: Miscellaneous Notes: PO Receipt Cut off time: Phone: Fax: EDI: Overnight Fees apply: Other fees apply: Other receipt method: Fax: EDI: Overnight Fees apply: Other fees			Priority Overnight receipt available:				
No restriction: Select YES if sold to retail pharmacy, hospitals, clinics and physician offices Restricted to retail pharmacy only: Restricted to hospital, clinics, and physician offices only: Restricted from US territories? (explain in comments) Comments: Other Data Information Required to Process PO: Patient Procedure Date: Physician Name: Physician/Clinic Phone # Physician/Clinic DEA #: Physician/Clinic Specialty: Miscollaneous Notes: Saturday Overnight Feceipt available: PO Receipt Cut off time: Phone # Fax: EDI: Overnight Fees apply: Other fees apply: Contact # if product is received damaged: Is product returnable for credit: URL/Link to returns policy: Special regulations or returns requirements for this product in certain states? If so, which states? Other requirements? Comments? ADDITIONAL INFORMATION Is product order for scheduled patient procedure?	Cla	ss of Trade Restriction:					
Restricted to retail pharmacy only: Restricted to hospitial, clinics, and physician offices only: Restricted from US territories? (explain in comments) Comments: Other Data Information Required to Process PO: Patient Procedure Date: Physician Name: Physician Name: Physician/Clinic Phone # Physician/Clinic Specialty: Miscellaneous Notes: Piscellaneous Notes: Product order for scheduled patient procedure? ADDITIONAL INFORMATION Is product order for scheduled patient procedure?							
Restricted to hospital, clinics, and physician offices only: Restricted from US territories? (explain in comments) Other Data Information Required to Process PO: Patient Procedure Date: Physician Name: Physician State License # Physician/Clinic DEA #: Physician/Clinic Specialty: Miscellaneous Notes: Miscellaneous Notes: Phone: Fax: Fax: Fax: Fax: Fax: Fax: Fax: Fax	The state of the s	narmacy, nospitals, clinics and physician offices					
Restricted from US territories? (explain in comments) Comments: Other Data Information Required to Process PO: Patient Procedure Date: Physician Name: Physician/Clinic Phone # Physician/Clinic DEA #: Physician/Clinic Specialty: Miscellaneous Notes: Miscellaneous Notes: ADDITIONAL INFORMATION Is product redure principle. Fax: EDI: Overnight Fees apply: Other fees		o offices only	Phone: Phone #				
Comments: Other Data Information Required to Process PO: Patient Procedure Date: Physician Name: Physician/Clinic Phone # Physician/Clinic DEA #: Physician/Clinic Specialty: Miscellaneous Notes: Contact # if product is received damaged: Is product returnable for credit: URL/Link to returns policy: URL/Link to returns requirements for this product in certain states? If so, which states? Other requirements? Comments? ADDITIONAL INFORMATION Is product order for scheduled patient procedure?			()rder receipt method:				
Other Data Information Required to Process PO: Patient Procedure Date: Physician Name: Physician/Clinic Phone # Physician/Clinic DEA #: Physician/Clinic Specialty: Miscellaneous Notes: Other fees apply: Contact # if product is received damaged: Is product returnable for credit: URL/Link to returns policy: Special regulations or returns requirements for this product in certain states? If so, which states? Other requirements? ADDITIONAL INFORMATION Is product order for scheduled patient procedure?		enimone)					
Other Data Information Required to Process PO: Patient Procedure Date: Physician Name: Physician/Clinic Phone # Physician/Clinic DEA #: Physician/Clinic Specialty: Miscellaneous Notes: Contact # if product is received damaged: Is product returnable for credit: URL/Link to returns policy: Special regulations or returns requirements for this product in certain states? If so, which states? Other requirements? ADDITIONAL INFORMATION Is product order for scheduled patient procedure?			Overnight Fees apply:				
Patient Procedure Date: Physician Name: Physician/Clinic Phone # Physician State License # Physician/Clinic DEA #: Physician/Clinic Specialty: Miscellaneous Notes: Contact # if product is received damaged: Is product returnable for credit: URL/Link to returns policy: Special regulations or returns requirements for this product in certain states? If so, which states? Other requirements? ADDITIONAL INFORMATION Is product order for scheduled patient procedure?			Other fees apply:				
Physician Name: Physician/Clinic Phone # Physician State License # Physician/Clinic DEA #: Physician/Clinic Specialty: Miscellaneous Notes: Special regulations or returns policy: If so, which states? Other requirements? Comments? ADDITIONAL INFORMATION	Other Data In	formation Required to Process PO:	Return Instructions				
Physician Name: Physician/Clinic Phone # Physician State License # Physician/Clinic DEA #: Physician/Clinic Specialty: Miscellaneous Notes: Special regulations or returns policy: If so, which states? Other requirements? Comments? ADDITIONAL INFORMATION	Patient Procedure Date:		Contact # if product is received damaged:				
Physician/Clinic Phone # Physician State License # Physician/Clinic DEA #: Physician/Clinic Specialty: Miscellaneous Notes: Miscellaneous Notes: ADDITIONAL INFORMATION Is product order for scheduled patient procedure?							
Physician/Clinic DEA #: Physician/Clinic Specialty: Miscellaneous Notes: Miscellaneous Notes: ADDITIONAL INFORMATION Is product order for scheduled patient procedure?			URL/Link to returns policy:				
Physician/Clinic Specialty: If so, which states? Other requirements? Comments? ADDITIONAL INFORMATION	Physician State License #						
Miscellaneous Notes: ADDITIONAL INFORMATION Is product order for scheduled patient procedure?	•						
ADDITIONAL INFORMATION Is product order for scheduled patient procedure?	Physician/Clinic Specialty:		If so, which states? Other requirements? Comments?				
Is product order for scheduled patient procedure?		Miscellaneous Notes:					
Is product order for scheduled patient procedure?							
Is product order for scheduled patient procedure?							
			ADDITIONAL INFORMATION				
			Is product order for scheduled patient procedure?				