Rep Name: EBMMEDICAL.COM

New Order/Prescription Fax Form

FAX NUMBER: 1-636-614-0299

STEP 1

COMPLETE PATIENT INFO

Patient Name _____

Cell Phone # ( ) - Date of Birth ____ / ____ / ____ (Month / Day / Year)

Email _____

Street Address _____

City _____ State _____ Zip _____

STEP 2

SELECT PRODUCT

Peripheral Neuropathic Complications

☐ **EB-N3** 6mg L-methylfolate Calcium, 4mg Methylcobalamin, 70mg Pyridoxal 5-Phosphate

Sig 1 capsule PO QD **Qty** #90 Capsules (3 month supply)
Other Sig **Refills** ☐ Auto Fill or other ☐ _____

☐ **EB-N5** 3mg L-methylfolate Calcium, 2mg Methylcobalamin, 35mg Pyridoxal 5-Phosphate, 300mg Alpha Lipoic Acid, 2500 IU Vitamin D3

Sig 2 capsules PO QD **Qty** #180 Capsules (3 month supply)
Other Sig **Refills** ☐ Auto Fill or other ☐ _____

Central Nervous System Disorders

☐ **EB-P1** 15mg L-methylfolate Calcium

Sig 1 capsule PO QD **Qty** #90 Capsules (3 month supply)
Other Sig **Refills** ☑ Auto Fill or other ☐ _____

☐ **EB-C3** 6mg L-methylfolate Calcium, 2mg Methylcobalamin, 600mg N-Acetyl L-Cysteine

Sig 1 capsule PO QD **Qty** #90 Capsules (3 month supply)
Other Sig **Refills** ☐ Auto Fill or other ☐ _____

Migraines and Headaches

☐ **EB-H4** 200mg Riboflavin, 50mg Co Q10, 0.2mg L-methylfolate Ca,175mg Magnesium Bisglycinate

Diamond Headache Clinic

Sig 2 capsules PO QD **Qty** #180 Capsules (3 month supply)
Other Sig **Refills** ☐ Auto Fill or other ☐ _____

Bone and Soft Tissue Healing

☐ **EB-S4** 1200mg Calcium Citrate, 500mg Magnesium Bisglycinate TRAACS, 10,000IU Cholecalciferol, 50mg Zinc Bisglycinate Chelate TRAACS

Sig 1 capsule TID with food **Qty** #270 Capsules (3 month supply)
Other Sig **Refills** ☐ Auto Fill or other ☐ _____

STEP 3

COMPLETE PROVIDER INFO

FAX TO 1-636-614-0299

	HCP Name	NPI # (Required)	License #		HCP Name	NPI # (Required)	License #
☐				☐			
☐				☐			

Office Contact Name _____ Phone _____ Fax _____

Address _____ City _____ State _____ Zip _____

SIGNATURE _____ _____
Signature or Stamp Acceptable Date

FAX: 1-636-614-0299 | Phone: 1-636-614-3152 | Email: support@EBMmedical.com