

	Date		Date of Birth	
Patient Name	Telephone			
Patient Address				
Email Address	Allergies			

Shipping	Next Day Air \$30		2 nd Day Air \$18		Ground \$11		Sat Delivery \$50	
Ship to	Clinic		Patient	<input type="checkbox"/> BILL	Patient		CLINIC	<input type="checkbox"/> Patient

NOTE: All orders are set by default to shipping with signature required. By marking the box in this section and declining the signature, the recipient of the goods assumes all responsibility in case of theft, damage and/or loss **Signature Required Fee By FedEx is \$3 extra.**

DECLINE SIGNATURE →

Patient/Clinic has the option to request shipping insurance in case Shipping Company damages/destroys package. AHRX not responsible for packages destroyed by Carrier. Please Initial box to request insurance.

Credit Card Number		Expiration		CVV	
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Description	Size	Qty	Directions
TRI-CAINE NUMBING CREAM <small>Lidocaine HCl 10%, Prilocaine HCl 10%, Tetracaine HCl 4%</small>	30 G 60 G 100G		
Z4 TOTAL NUMB CREAM <small>Lidocaine HCl 4%, Prilocaine HCl 10%, Tetracaine HCl 4%, Benzocaine 10%</small>	30 G 60 G 100G		
BLT COMFORTABLY NUMB CREAM <small>Benzocaine 20% Lidocaine 10% Tetracaine 10%</small>	30G 60G 100G		
Hyaluronic Acid Serum- Anti-Aging Dermal Regenerating Therapy (Face and Eyes) <small>Gel in a pump bottle (Best with Microneedling)</small>	30 G 60 G 100G		
TCA PEEL 35 %	60 ML 100 ML		
RETINOIC ACID 0.3% RETINOIC ACID 0.6%	60 ML 120 ML		
SALYCILIC ACID 5% PEEL	60 ML 120 ML		
BRIGHTEN SKIN BLEND <small>Glycolic, Lactic Kojic acids blend</small>	60 ML 120 ML		
HAIR SKIN NAILS BIOTIN 2500MCG	100 TAB		

Physician's Name		Signature	
State License Number		Phone	
DEA License Number		Fax	
Email			
Clinic Address, City, State, Zip			