

Prescription Order Form: FertiCare Personal

Orion Medical Supply, Inc.

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Option 1: Have your doctor fax a signed prescription, and make a payment online at www.medicalvibrator.com

Option 2: Have your doctor sign this filled form, and send in with check or money order

Patient Information: (Please print)

Name:	Date of birth:
Permanent Address:	
City and State:	Zip/Postal Code:
Country:	
Daytime Phone:	Email:

Physician Information: (Please print)

NPI: _____

Name:	Specialty:
Office Address:	
City and State:	Zip/Postal Code:
Country:	Office Phone:
Patient's Diagnosis: <input type="checkbox"/> Erectile Dysfunction <input type="checkbox"/> Spinal Cord Injury <input type="checkbox"/> Prostate Cancer <input type="checkbox"/> Other _____	
Recommendation: <input type="checkbox"/> Quantity units Directions for use: _____	
Physician's Signature:	Date Signed:
For internal use only: <input type="checkbox"/> Prescription confirmed <input type="checkbox"/> Payment confirmed <input type="checkbox"/> Sign off (authorized signature) _____ Date confirmed	

CAUTION: FEDERAL LAW PROHIBITS THE SALE AND DISTRIBUTION OF DRUGS OR MEDICAL DEVICES WITHOUT A PHYSICIAN'S ORDER.