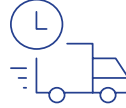


ASD Healthcare order form request

Please submit this order form to asd.customerservice@asdhealthcare.com.
 All orders will be confirmed with the customer prior to being processed.

Order confirmations **received by 6:00 pm CT** from the customer will ship same day for next day delivery.



Order confirmations **received after 6:00 pm CT** from the customer will be processed the following business day.

Purchase order #*

Account name*

Shipping address*

Shipping address 2

City, State, Zip*

Contact name*

Phone*

Email*

ASD Healthcare account # / BP #

Special shipping instructions

* Mandatory field

Item order

ASD item #	ABC Item #	Product Description	NDC #	Quantity
58018	10238132	BALVERSA 3 MG TAB 56	59676-0030-56	
58014	10238134	BALVERSA 3 MG TAB 84	59676-0030-84	
58015	10238130	BALVERSA 4 MG TAB 28	59676-0040-28	
58016	10238133	BALVERSA 4 MG TAB 56	59676-0040-56	
58017	10238131	BALVERSA 5 MG TAB 28	59676-0050-28	

Hours of Operation: Monday–Thursday 7 am–6:30 pm CT, Friday 7 am–6 pm CT

Support Areas: Orders, product availability, delivery updates

Phone: 1.800.746.6273

Fax: 1.800.547.9413

Email: asd.customerservice@asdhealthcare.com