



AMERICA'S Best Care PLUS, INC.
A Pharmacy Partner You Can Depend On

REQUEST FOR PHYSICIAN STARTER DOSES

PHYSICIAN STARTER DOSES WILL BE SHIPPED VIA UPS SUREPOST
FAX TO (800) 638-0294

Date ___/___/___

Physician Name _____

Address _____

City, State Zip _____

NPI# _____ Phone _____ Fax _____

Authorized Person _____

Special Instructions (if any) _____

Description	Vial Size	Units per Carton	Qty. Per Order	Check Desired Item
Albuterol 0.083%, 2.5mg, unit dose	3.0 mL <input type="checkbox"/>	60 <input type="checkbox"/>	1 Carton	<input type="checkbox"/>
Ipratropium 0.02%, 0.5mg, unit dose	2.5mL <input type="checkbox"/>	60 <input type="checkbox"/>	1 Carton	<input type="checkbox"/>
Ipr 0.5mg/Alb3.0mg, unit dose (Generic Duoneb)	3.0 mL <input type="checkbox"/>	60 <input type="checkbox"/>	1 Carton	<input type="checkbox"/>

Physician's Signature _____

DISCLAIMER: MODIFICATIONS TO THIS FORM MAY RESULT IN DELAY OR NULLIFICATION. IF A MEDICARE PROVIDER, PHYSICIAN MUST BE PECOS ENROLLED IN ORDER TO RECEIVE ANY SAMPLES.