

Your Name	Shankar Lal
Date of Birth	13-11-1983
Phone	+919847029500
Your Email	shankar@needstreet.com
Location	India
Who are you requesting this treatment for?	MYSELF
Please specify your gender?	Male
Have you previously been diagnosed with a cold sore by a healthcare professional?	No
If you currently have active cold sore lesions, are they located in the usual place?	No
Do you have any of the following symptoms?	Difficulty swallowing
Do you have significant kidney disease?	No
Do you have a weak immune system (immunocompromised)?	No
Please specify the name of preferred pharmacy where you want to collect your prescription/medications?	CVS
I understand the side-effects and effectiveness of the above-mentioned treatment and I am giving consent to continue with my request.	I understand the side-effects and effectiveness of the above-mentioned treatment and I am giving consent to continue with my request.
I am confirming the treatment prescribed above will be for my personal use	I am confirming the treatment prescribed above will be for my personal use