



Physician Re-Purchase Form Via Fax

Only use this form if you have an existing account to purchase EpiCeram-L for your practice. First time orders should go to www.epiceramlipcare.com.

	Practice Name:			
Physician Name:	Phone#:	Fax#:		
Email Address:				
Practice Address:				
Street:				
City, State, Zip:				
NPI#				
EpiCeram-L™ 9-Unit Display B	Box Each unit contains 3 sticks			
EpiCeram-L [™] 9-Unit Display B Description	Box Each unit contains 3 sticks Qty	Price per Box	K	Total
	Qty	Price per Box X \$229.50	= _	Total
Description	Qty	•		Total
Description Display Box	Qty —— s will be applied	•		Total