

**OFFER ENDS JAN 1!
DON'T MISS OUT!**



TABLET SPECIAL

Email

100 tabs for \$10 or \$30!* *MUST choose 10 DIFFERENT drug strengths to get special \$

To view tablet shapes and sizes, go to <http://bit.ly/stokestabs>

Drug	Strength (mg)	100 Ct \$
Amlodipine	<input type="checkbox"/> 0.625 <input type="checkbox"/> 1.25	\$10
Aspirin	<input type="checkbox"/> 2 <input type="checkbox"/> 2.5 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 10 <input type="checkbox"/> 12	\$10
Atenolol	<input type="checkbox"/> 6.25 <input type="checkbox"/> 12.5	\$10
Budesonide	<input type="checkbox"/> 0.5 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	\$30
Cisapride	<input type="checkbox"/> 1.5 <input type="checkbox"/> 2.5 <input type="checkbox"/> 3.75 <input type="checkbox"/> 5 <input type="checkbox"/> 7.5 <input type="checkbox"/> 8 <input type="checkbox"/> 10	\$10
Clopidogrel	<input type="checkbox"/> 5 <input type="checkbox"/> 10 <input type="checkbox"/> 18.75	\$30
Diethylstilbestrol (DES)	<input type="checkbox"/> 0.5 <input type="checkbox"/> 1	\$10
Doxycycline	<input type="checkbox"/> 80 <input type="checkbox"/> 150	\$10
Famciclovir	<input type="checkbox"/> 31.25 <input type="checkbox"/> 62.5	\$10
Fludrocortisone	<input type="checkbox"/> 0.15 <input type="checkbox"/> 0.25 <input type="checkbox"/> 0.3 <input type="checkbox"/> 0.4 <input type="checkbox"/> 0.5 <input type="checkbox"/> 0.6 <input type="checkbox"/> 0.7	\$10
Fluoxetine	<input type="checkbox"/> 2.5 <input type="checkbox"/> 5	\$10
Gabapentin	<input type="checkbox"/> 20 <input type="checkbox"/> 25 <input type="checkbox"/> 30 <input type="checkbox"/> 40 <input type="checkbox"/> 50	\$10
Ketoconazole	<input type="checkbox"/> 100	\$10
Leflunomide	<input type="checkbox"/> 30	\$30
Meloxicam	<input type="checkbox"/> 3	\$30
Methazolamide	<input type="checkbox"/> 60	\$30
Methimazole	<input type="checkbox"/> 5	\$10
Metronidazole	<input type="checkbox"/> 25 <input type="checkbox"/> 30 <input type="checkbox"/> 40 <input type="checkbox"/> 50 <input type="checkbox"/> 62.5	\$10
Mirtazapine	<input type="checkbox"/> 1 <input type="checkbox"/> 1.8	\$10

Drug	Strength (mg)	100 Ct \$
Mycophenolate	<input type="checkbox"/> 150	\$30
Phenoxybenzamine	<input type="checkbox"/> 2.5 <input type="checkbox"/> 5	\$10
Pimobendan	<input type="checkbox"/> 1 <input type="checkbox"/> 1.25 <input type="checkbox"/> 1.5 <input type="checkbox"/> 2 <input type="checkbox"/> 2.5 <input type="checkbox"/> 5 <input type="checkbox"/> 7.5 <input type="checkbox"/> 10 <input type="checkbox"/> 12.5 <input type="checkbox"/> 15 <input type="checkbox"/> 20	\$30
Piroxicam	<input type="checkbox"/> 1 <input type="checkbox"/> 1.5 <input type="checkbox"/> 2 <input type="checkbox"/> 2.5 <input type="checkbox"/> 3 <input type="checkbox"/> 3.5 <input type="checkbox"/> 4 <input type="checkbox"/> 4.5 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 7.5 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13	\$10
Prazosin	<input type="checkbox"/> 0.25 <input type="checkbox"/> 0.5	\$10
Prednisolone	<input type="checkbox"/> 5	\$10
Sildenafil	<input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 12 <input type="checkbox"/> 15 <input type="checkbox"/> 20 <input type="checkbox"/> 30	\$30
Tadalafil	<input type="checkbox"/> 50	\$30
Theophylline	<input type="checkbox"/> 50	\$10
Theophylline ER	<input type="checkbox"/> 25 <input type="checkbox"/> 50 <input type="checkbox"/> 75 <input type="checkbox"/> 100 <input type="checkbox"/> 75 <input type="checkbox"/> 100	\$10
Tramadol	<input type="checkbox"/> 10 <input type="checkbox"/> 20	\$10
Trilostane	<input type="checkbox"/> 3 <input type="checkbox"/> 5 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 12 <input type="checkbox"/> 15 <input type="checkbox"/> 20 <input type="checkbox"/> 23 <input type="checkbox"/> 25 <input type="checkbox"/> 35 <input type="checkbox"/> 40 <input type="checkbox"/> 50 <input type="checkbox"/> 70 <input type="checkbox"/> 80 <input type="checkbox"/> 90 <input type="checkbox"/> 100	\$30
Ursodiol	<input type="checkbox"/> 30 <input type="checkbox"/> 35 <input type="checkbox"/> 40 <input type="checkbox"/> 50 <input type="checkbox"/> 60 <input type="checkbox"/> 75 <input type="checkbox"/> 100 <input type="checkbox"/> 150	\$30

Subject to change. Offer valid once per hospital. Order MUST be faxed. Order must be a quantity of 10 different drug strengths. Not permitted in states that prohibit the use of compounded medication for office use. Offer expires 1/1/2019.

Practice Name:		Date:
Practice Address:		
City:	State:	Zip Code:
Phone #:	Fax #:	Email (for UPS tracking):
Prescriber Name:		Prescriber DEA #:
Prescriber License #:	Prescriber Signature:	
Card Number:	Cardholder:	Exp. Date:

To be removed from our fax list, please call 800-460-6382 or fax 800-440-5899.

FAX ORDER FORM TO 800-440-5899

SA09242018