



Phone: 866-243-8411  
 Fax: 614-553-5475  
 Email: [GenVisc@cordlogistics.com](mailto:GenVisc@cordlogistics.com)

### CLINIC ORDER FORM/GENVISC 850

Please verify shipping & billing address along with quantity & product being ordered. Please sign and return via Fax to 614-553-5475 for your order to be processed.

Billing Information		Shipping Information <input type="checkbox"/> Same as Billing	
Billing Account		Shipping Account	
Billing Name		Shipping Name	
Address		Address	
Address		Address	
City, State Zip		City, State Zip	
Contact Name		Sales Representative	
Contact Phone		Territory (State)	
Contact Fax		Shipping Method	F01
Contact Email		S/A Group	240 Pricing Group GV00

State License Number		Purchase Order Number	
Name on State License		Deliver by Date	Monday
Payment Method	<input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Prepaid Check <input type="checkbox"/> Invoice		

Please indicate the quantity to be ordered:

Quantity	Product	UOM	Price
	GENVISC 850 2.5 ML PREFILLED SYRINGE	Box = Single Syringe	\$

Please indicate to whom you would like us to send the order confirmation:

Name	Phone	Email	Business Hours

Submitted by: \_\_\_\_\_  
 (Please print name)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

By signing this form you are agreeing to our standard terms and conditions located at <http://www.cardinalhealth.com/en/support/purchase-terms-and-conditions.html>

I am the responsible person for purchases made at the above mentioned address under my state license number. I will notify Specialty Pharm Srvc immediately if my responsibility status and/or relationship with this facility is changed or terminated.

Submit this completed form to OrthogenRx by email to [GenVisc@cordlogistics.com](mailto:GenVisc@cordlogistics.com) or by fax to 614-553-5475