



Purchase Order

Phone: 844-437-9233
Fax: 844-439-9322
Email: PO@DermacinRx.com

Pharmacy Information

Pharmacy Name:	License State:	License #:
PIC First & Last Name:	NPI:	
Purchaser Name:	Purchaser Phone:	
Purchaser Email:		
DermacinRx PO #:	Customer PO #:	

Shipping Information

Address:	City:	State:	Zip Code:
Shipping Type:	Account #:	Preferred Shipper:	

Item #	Product Name	NDC	Availability	QTY	Unit Price	Total Price
33600GLV	SilaPak	59088-0336-00	In Stock			
36700GLV	SilaPak	59088-0367-00	In Stock			
36300GLV	Silazone	59088-0363-00	In Stock			
35300GLV	Surgical PharmaPak	59088-0353-00	In Stock			
06200GLV	Inflammatral	59088-0062-00	Limited Supply			
09300JPV	Inflamacin	59088-0093-00	In Stock			
34300GLV	Lexitral PharmaPak	59088-0343-00	In Stock			
09054GLA	PureFolix	59088-0090-54	In Stock			
38300GLV	IV Infusion CPI	59088-0383-00	Pre-Order			
39200JPV	Ticanase	59088-0392-00	In Stock			
33931GLA	Ethoxy Diglycol (500ml)	59088-0339-31	In Stock			

PAYMENT INSTRUCTIONS:

Wires / ACH: Contact PO@DermacinRx.com for Account Info

Credit Card: Complete & Sign Credit Card Authorization Form

Deposit

Shipping

Total

PLEASE ATTACH THE FOLLOWING COPIES WHEN FAXING

Federal DEA Certificate ☐ State Licenses ☐

I certify that all the above is accurate and correct. I understand that all orders will be shipped within 24 hours of when the funds are received/cleared/approved by PureTek Corp.

Pre-Orders require at least 30% deposit.

Buyer: _____

Date: _____

REPID: