



FDA 503B Registered Outsourcing Facility 450
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503B Purchase Order Form

PO# _____ Need by date _____

By signing this form, prescriber agrees and acknowledges that all medications ordered will be administered within the prescriber's facility. Furthermore, prescriber acknowledges a valid relationship exists between the provider and the patient. The provider deems this medication medically necessary.

Individual placing order _____ Signature _____ Date _____

Practice Information

Physician Name _____ DEA* _____

Practice Name _____ NPI# _____

Shipping Address _____

City _____ State _____ Zip _____ Phone _____

Order Details

*DEA Address must match shipping address for controls

Pellets

Testosterone – 3mm	Qty.
12.5mg	
25mg	
37.5mg	
50mg	
62.5mg	
87.5mg	
100mg	
Testosterone – 4.5mm	Qty.
200mg	
Testosterone/Anastrozole	Qty.
100mg/4mg – 3mm	
200mg/8mg – 4.5mm	
200mg/20mg – 4.5mm	
Estradiol- 3mm	Qty.
6mg	
10mg	
12.5mg	
15mg	
18mg	
20mg	
25mg	

Pellets

Progesterone – 3mm	Qty.
50mg	
100mg	

Pellet Trocar Kits

Pellet Trocar - Disposable	Qty.
3.2mm Plastic Tip	
3.2mm Stainless Steel Tip	
4.5 Stainless Steel Tip	
Pellet Trocar - Reusable	Qty.
3.2mm Titanium 3.2mm Stainless	
4.5mm Titanium 4.5mm Stainless	

*For Reusable Trocars, Please Call for Pricing

Numbing Cream

Benzocaine/Lidocaine/Tetracaine (20%/6%/4%)	Qty.
120gm	

Notes: _____

Shipping Options:

Overnight Priority Overnight 2nd Day Ground

Date PO was received (Internal Purposes Only) _____