



Pharmacy

HDM Pharmacy, LLC
4250 Iron Works Pike
Lexington, Kentucky 40511-8412

EMPLOYEE INITIALS: _____

ORDER FORM

Date: _____ Doctor Name: _____

Patient Name: _____

Client: _____

Contact: _____

Billing Address: _____

Phone: (_____) _____ E-Mail: _____

Credit Card: _____ Exp. Date: _____

Rx #	Qty	Item/Description	Size	Lot Number	Misc

PICK UP (SIGNATURE): _____

DR. DELIVERING: _____ SHIP VIA: _____

ADDRESS: _____
