



Emmanuela Wolloch, MD, PA
 1801 NE 123rd Street
 Suite 415
 North Miami, FL 33181
 305 – 935 – 8775

Patient Supplement Order form / Auto Ship Program Form

DATE _____

PATIENT'S NAME _____

ADDRESS _____ APT #: _____

CITY _____ STATE _____ ZIP _____

PHONE (DAYTIME) _____

E-MAIL ADDRESS _____

METHOD OF PAYMENT:
 VISA MC DSCVR. AMEX

CARD NO. _____

EXP. DATE _____ 3 OR 4 DIGIT SEC. CODE _____

CARDHOLDER'S NAME (Please Print as it appears on card) _____

CARDHOLDER'S SIGNATURE _____

CREDIT CARD PAYMENT - I agree that this information is confidential and will be kept on file by E Wolloch, MD, only for the purpose of payment for any product purchases authorized by me. I authorize E. Wolloch MD to charge my Credit Card.

STOCK #	PRODUCT	PRICE	QTY	TOTAL PRICE
			SHIPPING	
			TOTAL	



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AUTO-SHIP ORDER: **30 Day Supply** **60 Day Supply**

The convenient Auto-Ship program ensures that you never run out of products chosen above. Your product(s) will be shipped to your doorstep every 30 or 60 days without having to place an order. This is a recurring order of the same product(s). Your first order will be charged and shipped the next business day and please allow 3 to 4 days for delivery. You will be charged and shipped your Auto-Ship order approximately every 30 or 60 days thereafter. **You may change or cancel your Auto-Ship order at any time by calling E Wolloch MD @ 305 935 8775.**

Patient Signature

Date

Office Staff

Date

EFFECTIVE DATE December 2014