

**Fax Orders To: (215) 491-0977**

After receiving this form, a customer service specialist will contact you via phone or email to confirm your order and total charges. Please ensure you have provided complete and accurate information so that we may process your order without delay.

**SHIPPING**

Last Name	First Name
Email Address	Phone Number
Street Address	
City	State                      Zip

**BILLING**

Last Name	First Name
Email Address	Phone Number
Street Address	
City	State

Quantity	DESCRIPTION – Brand, Product Name and Strength (if applicable)	Size	Total
1			
2			
3			
4			
5			
6			
7			

**Comments:**


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For your convenience you may also mail this form to:  
**Lifestream Pharmacy**  
**847 Easton rd Warrington PA 18976**  
**Tel #: 215-491-0999**

**Payment**
 Visa       Discover       Mastercard

**Credit Card #** \_\_\_\_\_ **Expiration Date** \_\_\_\_\_

**3 Digit Code** \_\_\_\_\_

**Authorized Signature** \_\_\_\_\_