Inhaled Anesthesia Product Order Form

Please complete and sign this form and submit to gmb-sps-pcc@cordlogistics.com or fax it to 614-652-7334

Date ______________ Date Needed ______________

Customer Number ______________

License Number ______________

License Expiration Date ______________

Shipping Information

Name ______________

Address 1 ______________

Address 2 ______________

City ______________ State ______ ZIP ______

Contact Name ______________

Purchase Order Number ______________

Email Address* ______________

Billing Information

Name ______________

Address 1 ______________

Address 2 ______________

City ______________ State ______ ZIP ______

Telephone Number ______________

Fax Number ______________

Email Address* ______________

*To receive an order confirmation, please provide an email address

DIRECT CUSTOMERS PLEASE NOTE: **MINIMUM ORDER REQUIREMENT FOR SEVOFLURANE IS 12 BOTTLES (2 CASES)***
MINIMUM ORDER REQUIREMENT FOR ISOFLURANE IS 24 BOTTLES (4 CASES)*

All orders must be in quantities of 6 (bottles).

NDC Number	Description	Material #	Size	Bottles per Case	Quantity of Bottles
6679401525	SEVOFLURANE HU	400648037	250ML	6	
6679401710	ISOFLURANE HU	440532080	100ML	6	
6679401725	ISOFLURANE HU	440532079	250ML	6	
6679401910	TERREL (ISOFLURANE)	440532082	100ML	6	
6679401925	TERREL (ISOFLURANE)	440532083	250ML	6	
N/A	ISOFLURANE CALIBRATION	400024011	250ML	6	
N/A	SEVOFLURANE CALIBRATION	400648033	250ML	6	

COMPLETE THE BELOW FOR VET ONLY PRODUCT ORDERS

NDC Number	Description	Material #	Size	Bottles per Case	Quantity of Bottles
6679401310	ISOFLURANE	430024080	100ML	6	
6679401325	ISOFLURANE	430024079	250ML	6	
6679401825	PETREM (SEVOFLURANE)	400648040	250ML	6	

Special Instructions: ______________

***Standard delivery is FedEx Standard Ground**

State License on file: ☐ | Faxing copy: ☐ | E-Mailing copy: ☐

Mailing Address

Piramal Critical Care Inc.
501 Mason Road LaVergne, TN 37086

Contact Information

Customer Service Email: gmb-sps-pcc@cordlogistics.com
Customer Service Phone: 844-718-0839
Customer Service Fax: 614-652-7334

Reimbursement

Customers seeking reimbursement from Medicare, Medicaid, or any other federal or state program may be required to disclose on cost report forms any discount from Piramal Critical Care Inc.

I certify that I am a licensed practitioner eligible to receive the selected medications, as required under the Prescription Drug Marketing Act. I further certify that I am eligible to prescribe, request, and dispense the above listed medications in the state where I am licensed and that my collaborative agreement and/or formulary, if applicable, permit(s) me to do the same. I am also the responsible person for purchases made at the above mentioned address under my state license number. I will notify Piramal immediately if my responsibility status and/or relationship with this facility is changed or terminated.

Print and sign or type your name in field after verifying professional licensure at left.

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