

**NOW! MORE THAN EVER.....
IN YOUR NEIGHBORHOOD, WE WANT TO BE YOUR PHARMACIES!**

FOLLANSBEE PHARMACY

1415 MAIN ST
FOLLANSBEE, WV 26037
PH: 304.527.1004
FAX: 304.527-1006

Value Leader Pharmacy

200 Luray Drive
Suite B
Wintersville, Ohio 43953
Phone: 740-314-5321
Fax: 740-314-8064

TRI-STATE PHARMACY

651 COLLIERS WAY
WEIRTON, WV 26062
PH: 304.723.6331
FAX: 304.723.1131

Intake form for potential Sildenafil Patient

Pharmacy to be utilized for proper filling of RX **FP** **TSP** **VLP** (circle one)

Last Name _____ First Name _____

Street _____ City _____ Zip _____

Birth Date _____

Phone Number(s) _____ Home _____ Cell _____

Doctor Information:

First Name _____ Last Name _____

Phone _____ Fax _____

City _____ State _____ Zip _____

***Please Fax completed form to a pharmacy above or email
to ED@tristatemedicalgroup.com***

Once the order has been faxed to the pharmacy of choice, we will mail out promptly. We will not get billing information until we have an order secured.

Billing Information

MasterCard – Visa – Discover -- American Express *Circle One*

Card Number _____ - _____ - _____ - _____ Exp ____/____/____