INSTRUCTIONS
1. Please fill out completely. Incomplete orders cannot be filled.
2. Provide an original signature.
3. FAX THIS SHEET WITH THE COMPLETED INFORMATION TO CUSTOMER SERVICE AT: 305-489-4665
4. To request additional information, please contact us toll free at: 1-855-844-0664

**Practitioner’s Full Name** _______________________________________________________________________________________

**Physical Address** ____________________________________________________________________________________________________________
(Sorry, no P.O. boxes)

City __________________________ State __________________________ Zip __________________________

**Office Contact** ___________________________________ Phone __________________________ Ext. __________________________

**Practitioner’s Signature** ___________________________________ **Medical Specialty** __________________________

**Date** ________________ **State & License No.** __________________________ **Email** __________________________________________

☐ I would like to receive information and updates from HYALO GYN®.

**OPTIONAL QUESTIONNAIRE**

1. How many patients with menopause do you see a day?  ☐ 1 to 10  ☐ 10 to 20  ☐ 20 or more

2. Are you interested in selling HYALO GYN® directly to your patients?  ☐ Yes  ☐ No

HYALO GYN® Gel
10 Day Sample
ORDER QUANTITY ☐ 6 Units

HYALO GYN® Suppositories
10 Day Sample
ORDER QUANTITY ☐ 6 Units

Limit one coupon book per order

*Coupons

www.hyalogyn.com

Note: HYALO GYN® is only available online without a prescription or through our physician dispensing program.

Now available in gel and suppository, both hormone-free and made without parabens
Uniquely formulated with Hydeal-D® for lasting duration
No build-up or residue, clear and odorless

Hyalogyn® Gel
Hyalogyn® Suppositories