

Order form

Please return to:

Schadow-Apotheke OHG

K.+J. Müller-Behrendt
Schadowplatz 18
D – 40212 Düsseldorf
Germany

Phone: ++49 (0)211 86 66 00
Fax: ++49 (0)211 86 66 033 or 86 66 022
Email: info@schadow-apotheke.de

Personality:

Surname: _____

Prenome: _____

Address:

Street: _____

Zip / City: _____

Country: _____

Accessibility:

Fax: _____

Phone: _____

Email: _____

Order:

Name of the medicine: _____

Strength: _____ mg

Quantity: _____

(Doctor's name): _____

Please charge to my credit card:

Company: _____

Card Number: _____

Expiry Date: (MM-YYYY) _____

Billing address of cardholder (if other than sending address):

Surname: _____

Prenome: _____

Address: _____

Shipping by:

Air mail ()

Signature

Date
