



678 WYCKOFF AVE
 WYCKOFF NJ 07481
 P 201 891 3334
 F 201 891 1312

SYNAPSIN ORDER FORM

PATIENT INFORMATION		
FIRST NAME:	LAST NAME:	
PRIMARY PHONE #: <input type="radio"/> CELL <input type="radio"/> HOME <input type="radio"/> WORK	SECONDARY PHONE #: <input type="radio"/> CELL <input type="radio"/> HOME <input type="radio"/> WORK	
ADDRESS:	CITY, STATE, ZIP:	ALLERGIES:

SYNAPSIN® (Ginsenoside Rg3 and Nicotinamide Riboside)

- | | | |
|--|--|--|
| <input type="checkbox"/> Hydroxocobalamin - Nasal Spray (SYNAPSIN®) | <input type="radio"/> 2mg/ml
<input type="radio"/> 2mg/ml with MUCOLOX™
<input type="radio"/> 1mg/ml
<input type="radio"/> 1mg/ml with MUCOLOX™ | <input type="radio"/> 15 ml
<input type="radio"/> 30 ml |
| <input type="checkbox"/> Methylcobalamin - Nasal Spray (SYNAPSIN®) | <input type="radio"/> 2mg/ml
<input type="radio"/> 2mg/ml with MUCOLOX™
<input type="radio"/> 1mg/ml
<input type="radio"/> 1mg/ml with MUCOLOX™ | <input type="radio"/> 15 ml
<input type="radio"/> 30 ml |
| <input type="checkbox"/> Methylcobalamin / Alpha-GPC - Nasay Spray (SYNAPSIN®) | <input type="radio"/> 1mg/ml
<input type="radio"/> 1mg/ml with MUCOLOX™ | <input type="radio"/> 15 ml
<input type="radio"/> 30 ml |

SIG

- Instill 1 spray to each nostril 2 to 3 times daily
- Other:

Refills: 1 2 3 4 5 6 PRN NR SIG: _____

WRITE PRESCRIPTION / ADDITIONAL COMMENTS

DOCTOR	PHONE	NPI #	DEA #
OFFICE MANAGER	PHONE	OFFICE FAX	OFFICE Email

SIGNATURE	DATE (Month / Day / Year)
	_____/_____/_____

FAX TO 201-891-1312

email to: orders@yourlifex.com