



Better Health and Care,
Not Just Healthcare!

Toll-Free: (800) 776-4378

Fax: (630) 529-3429

**Serving the Chicago
area for over 25 years**

Follow these steps to qualify for our special:

- 1) Fill out all information on page 2**
- 2) Fax, scan & e-mail, or mail your form to Mark Drugs Pharmacy.**
- 3) We will contact your physician on your behalf for a prescription.**
- 4) Once we receive physician approval we will contact you directly.**
- 5) Billing information will then be collected, and with your approval your new prescription will be shipped directly to the address of your choice in our discrete packaging and your discounts will be applied.**

**\$15
OFF**

&

**Free
Refrigerated
Shipping**

- For New Customers Only
- Applies to any 10ml size of Tri-Mix
- For Illinois & Indiana Customers

Mark Drugs Compounding Pharmacy - 384 E. Irving Park Road, Roselle, IL 60172

TriMix Injection Patient Request Form

Page 2

Name _____ Date of Birth _____

Address _____ City _____

Zip Code _____ Contact Phone _____

E-Mail _____

Dr. Name _____ Dr. Phone # _____

Have you visited your physician in the past year? Yes or No (Circle)

If you currently are using Tri-Mix and would like us to transfer your prescription to our pharmacy to take advantage of our special offer please provide the following information. ***If you are not currently using Tri-Mix, leave this section below blank:***

Pharmacy Name _____ Date of Last Fill _____

Pharmacy Phone _____ Prescription # _____

ATTENTION MARK DRUGS - CONTACT MY PHYSICIAN OR PHARMACY ON MY BEHALF. I WOULD LIKE TO TRY TRIMIX INJECTION FOR ERECTILE DYSFUNCTION. PLEASE PROVIDE ME WITH FREE REFRIGERATED SHIPPING AND \$15 OFF YOUR 10ML SIZE VIAL.



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This form can be:

1) Faxed to (630) 529-3429

2) Scanned and E-mailed to:

info@MarkDrugs.com

3) Mailed To:

Mark Drugs Pharmacy

384 E. Irving Park Road, Roselle, IL 60172