

Hello,

Thank you for taking the time to download our Partnering Pharmacy. We currently partner with Eagle Pharmacy in Birmingham, AL where we are located. We have had a relationship with Eagle Pharmacy for many years!

Please note that Eagle Pharmacy does ordering via the Forms provided. NEW accounts MUST fill out the paperwork completely and also send in a copy of the Doctor's STATE and DEA License. ***Eagle Pharmacy is capable of shipping to the following States ONLY:***

Alabama, Arizona, Arkansas, Colorado, Florida, Georgia, Illinois, Indiana, Kansas, Kentucky, Louisiana, Massachusetts, Mississippi, Missouri, Nevada, New Jersey, New Mexico, New York, North Carolina, Ohio, Oklahoma, Pennsylvania, South Carolina, Tennessee, Texas, Utah, Wisconsin.

If you are looking to add OTC Products for your Clinic/Customers for Weight Loss and or Energy such as Pills or Liquids, visit us at www.PHOENIXNUTRITIONINC.COM

Forms for either Pharmacy and or both may be sent back ONE of the following ways:

Secure FAX: 1-855-631-6022

Or

Email: Injectionswholesale@gmail.com

Thank you,

Phoenix Nutrition, Inc.

We look forward to doing business with you!



EAGLE PHARMACY

Eagle Pharmacy, Inc
 Phone: 1-855-642-6725
 FAX: 1-855-631-6022
 2000 Riverchase Ctr. Ste. 675
 Birmingham, AL 35244
 AL@EAGLERXSALES.COM

FDA 503B ACCREDITED

Physician Name: _____ Clinic Name: _____

Contact: _____ Phone/Fax: _____

Shipping Address: _____

Code: AILA

HOW TO ORDER

1. Make a photocopy and retain this original for future use.
2. Fill out form.
3. Fax form to 1-855-631-6022 (Secure Fax)

Generic (Name Brand Equiv.)	Potency	Units	Qty	Price	Total
PRODUCTS					
ADACEL VL (TDAP)		10X0.5ML		496.00	
ADACEL – SYG (TDAP)		5X0.5ML		259.00	
AMOXICILLIN	500MG	500CT		47.00	
APLISOL 5TU	10 TEST	VL 1ML		115.00	
APLISOL 5TU	50 TEST	VL 5ML		395.00	
BETAMETHASONE ACET/NAPO4	6MG	5ML MDV		60.00	
BETAMETHASONE ACET/NAPO4	7MG	10ML		41.00	
BROMPHENIRAMINE	10mg	VL 10ML		35.00	
BICILLIN	CR 1.2 MU A	SYG 10X2ml		1400.00	
BICILLIN	LA 1.2 MU	SYG 10X2ml		1700.00	
BICILLIN	CR 900/300 MU			1375.00	
BUPIVACAINE HCL	0.25%	50ML MDV		8.00	
BUPIVACAINE HCL	0.5%	50ML MDV		9.00	
BUPIVACAINE EPI	0.5%	50ML MDV		10.00	
CEFAZOLIN	1GM(ANCEF)	VL 25		47.00	
CEFOTAXIME (CLAFORAN)	1GM	VL 25		72.00	
CEFTRIAZONE (ROCEPHIN)	1GM	VL 10		27.00	
CEFTRIAZONE (ROCEPHIN)	250MG	VL 10		22.00	
CEFTRIAZONE (ROCEPHIN)	500MG	VL 10		25.00	
CELESTONE SOLUSPAN	6MG/ml	5ML		56.00	
CLEOCIN	300MG/2ML	BOX OF 25		79.00	
CLINDAMYCIN	300MG INJ	25X2ML		85.00	
CLONIDINE HCL	0.1MG	TAB 100		10.00	
DEPO ESTRADIOL	5MG/ML	5ML		140.00	
DEPO-MEDROL	40MG ML	VL 10ML		110.00	
DEPO-MEDROL	80MG ML	VL 5ML		115.00	
DEXAMETHASONE NAPO4	10MG	10ML MDV		18.00	
DEXAMETHASONE LA	8MG	10ML		37.00	
DEXAMETHASONE NAPO4	4MG ML	30ML MDV		33.00	
DIPHENHYDRAMINE HCL	50MG ML	VL 25X1ML		45.00	
DIPHENHYDRAMINE HCL	50MG ML	VL 10ML		27.00	
EPINEPHRINE	1MG ML AMP	10X1ML		147.00	
EPINEPHRINE	1MG ML	30ML MDV		289.00	



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Physician Name: _____ Clinic Name: _____

Contact: _____ Phone/Fax: _____

Shipping Address: _____

Code: A1LA

Generic (Name Brand Equiv.)	Potency	Units	Qty	Price	Total
PRODUCTS					
EPINEPHRINE	1MG ML	10x1ML		150.00	
EPINEPHRINE	1MG/ML	30ML MDV		289.00	
ETHYLCHLORIDE MED SPRAY		3.5 OZ		45.00	
ESTRADIOL VALERATE GENERIC	40MG ML	5ML		259.00	
FUROSEMIDE	10MG ML	4ML		18.00	
FUROSEMIDE	10MG	10ML		12.00	
FUROSEMIDE	10MG	25X2ML		115.00	
GENTAMYCIN	40MG ML	2ML VL x 25		40.00	
HEPATITIS A ADULT (Havrix)				85.00	
HEPATITIS A PED				48.00	
HEPATITIS B ADULT (Engerix)				77.00	
HEPATITIS B PED				40.00	
INFED	50MG ML	10X2ML		325.00	
KENALOG	10MG ML	VL 5ML		27.00	
KENALOG	40MG ML	VL 10ML		87.00	
KENALOG	40MG ML	VL 5ML		65.00	
KETOROLAC	30MG	10ML		35.00	
KETOROLAC	60MG 2ML SDV	25X2ML		60.00	
KETOROLAC	30MG ML SDV	25X1ML		40.00	
LIDOCAINE HCL	1% MDV	50ML		7.00	
LIDOCAINE HCL	1% 1:100K EPI	50ML MDV		9.00	
LIDOCAINE	1% EPI	20ML		6.00	
LIDOCAINE	1% PF	30ML		10.00	
LIDOCAINE HCL	2%	50ML MDV		8.00	
LIDOCAINE HCL	2% 1:100K EPI	50ML MDV		11.00	
LIDOCAINE	2% W/ EPI	20ML		6.00	
LIDOCAINE HCL	VISCOUS 2%	100ML VL		20.00	
LINCOCIN - BRAND	300MG	10ML VL		190.00	
LINCOCIN - GENERIC	300MG	10ML VL		115.00	
MARCAINE	0.5%	50ML MDV		11.00	
MARCAINE	0.5% 1:200K EPI	50ML MDV		20.00	
METHYLPRED (DEPO MEDROL)	40MG	10ML		41.00	
METHYLPRED (DEPO MEDROL)	80MG	10ML		47.00	

Eagle compounded



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Code: A1LA

Generic (Name Brand Equiv.)	Potency	Units	Qty	Price	Total
PRODUCTS					
MEDROXYPROGESTERONE	15MG/ML	SDV 1ML		55.00	
NALBUPHINE	10MG/ML AMP	10X1ML		55.00	
NALBUPHINE	20MG/ML AMP	10X1ML		85.00	
ONDANSETRON	2MG ML SDV	25X2ML		27.00	
ONDANSETRON	2MG ML MDV	20ML		15.00	
PHENYLEPHRINE	10MG	25PKG		120.00	
PHENOL EZ SWABS 30				205.00	
PHENYTOIN EXTENDED	100MG	CAP 100		40.00	
PNEUMOVAX	23 VL	10X0.5ML		1140.00	
PRENAR	13	10'S		2050.00	
PROGESTERONE	200MG #100			59.00	
PROMETHAZINE	25MG ML	VL 25X1ML		62.00	
PROMETHAZINE	50MG ML	25X1ML		125.00	
RISPERDAL CONSTA	12.5MG			300.00	
ROPIVACAINE HCL	0.2% 40MG	20ML x 10		49.00	
SODIUM BICARB	8.4% VL	50ML		18.00	
SODIUM CHLORIDE	0.9% VL	50ML		7.00	
SODIUM CHLORIDE	0.9% VL	50ML x 25		85.00	
SODIUM CHLORIDE	0.9%	10ML VL		6.00	
SODIUM CHLORIDE	0.9%	10ML x 25		43.00	
SODIUM CHLORIDE BACT	0.9%	30ML x 25		60.00	
SOLU-MEDROL	125MG	AOV 2ML		13.00	
SOLU-MEDROL	40MG	AOV 1ML		195.00	
TRIAMCINOLONE ACET	40MG	10ML		85.00	
TRIAMCINOLONE ACETONIDE	50MG	10ML		40.00	
TRIAMCINOLONE ACETONIDE	80MG	10ML		47.00	
TESTOSTERONE	200MG	10ML		49.00	
TETANUS/DIPHTHERIA		10 PACK		305.00	
WATER STERILE FTV		50ML		7.00	
XYLOCAINE	1%	50ML		9.00	
XYLOCAINE	2%	50ML		12.00	
XYLOCAINE	2% EPI	50ML		25.00	
VITAMIN B12 (CYANOCOLBALAMIN)	1000MCG	30ML		30.00	
LIPO B PLUS		30ML		60.00	



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PHYSICIAN INTAKE FORM

Sales Rep A1LA

Physician Name: _____

Clinic Name: _____

Office Manager/Contact: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Shipping Address: (Is it the same as Billing) _____

Phone Number: _____ Fax Number: _____

Email Address: _____

NPI#: _____ DEA#: _____

State License#: _____

Shipping Methods Charged to Doctor/Clinic: Via FedEx
Ground: _____ 2nd Day: _____ Overnight: _____

*******PLEASE ATTACH COPY OF PHYSICIANS LICENSE AND DEA PERMIT*******

Major Credit Cards Accepted:

Credit Card Number: _____
Expiration Date: _____ Security Code: _____
Name on Card: _____

I acknowledge by signature on this form, the business I represent is accepting financial responsibility for goods delivered.

Agreement for purchase of Compounded office use only medication.

- Medication can only be administered to patient by office staff, it is not to be dispensed to patient, and/or sold to any other person or entity.

Signature _____