

ORDER FORM



Levonorgestrel Tablet

Instructions:

- 1) Fill out the information below
- 2) Mail this form and your payment to

Springer Pharmacy
1 West, Nine Mile Rd
Henrico, VA 23075

Questions?
Call (804) 737-6049

Please Print Legibly

Name: _____

Mailing Address: _____

Phone: _____ Cell: _____

Date of Birth: _____

Quantity: _____ Price : _____ Total: _____
_____ x \$ 19.00 = \$ _____

Free ground shipping (5-7 days)

Check

Money Order

Credit Card

Payment Information:

Credit Card Number: _____ Exp Date: _____

Name on Card: _____ CV Code: _____

Billing Address: _____