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WEBSITE: directvaluedispense.com | EMAIL: durrell.hobson@directvaluedispense.com

Patient's Name:	
Phone# (Home):	Phone# (Mobile):
Date of Birth:	<u>Email (recommended):</u>
DVD does not share information, including email. Email will be used for order status and tracking only.	
<input type="radio"/> EnLyte (ENL)® _____ <input type="radio"/> EnBrace HR® _____	
SIG: Take 1 Gelcap by mouth daily or as directed under medical supervision	
<input type="checkbox"/> 30 Gelcaps (1 month supply) <input type="checkbox"/> 90 Gelcaps (3 months supply)	
Expedited shipping available at an additional cost	
Prescriber's Name:	
Prescriber's Signature:	Written Date:
Phone #:	Fax #:
	DH180524

Simply fax back to 1-985-778-2463