



STANDING ORDER FORM

To establish your Hexabrix® (ioxaglate) Injection Standing Order, complete this form and fax to 812-333-0084.

Description	Item #	NDC Number	Packaging	Quantity (cartons)
Hexabrix 320, 50 mL vials	HX-320-50	67684-5505-2	Carton of 25 vials	_____
Hexabrix 320, 100 mL bottles	HX-320-100	67684-5505-3	Carton of 12 bottles	_____
Hexabrix 320, 200 mL bottles	HX-320-200	67684-5505-5	Carton of 12 bottles	_____

Please send to:

Start Date: _____ Delivery Date: _____

Delivery Frequency: Weekly Bi-Weekly Monthly Quarterly Annually

Purchase Order Number: _____

Facility Name: _____ Account Number: _____

Attention (Name/Dept): _____

Ship To Address: _____

Bill To Address: _____
(If same as shipping address please write "Same")

Telephone: _____ Fax: _____

Authorized Signature: _____

Print Name: _____

Medical Center Professional: _____

Hexabrix® (ioxaglate) Injection is shipped standard, Ground delivery, by Guerbet's carrier of choice unless otherwise requested at the time of order. Guerbet will pay freight for delivery of all standard orders. Terms are net 30 days. Should you need to speak with a customer service representative, please dial 877-729-6679.



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