



332 Minnesota Street
St. Paul, MN 55101



See package insert for full prescribing information

Product Order Form for Gablofen® (baclofen injection)

Please verify shipping and billing address along with quantity & product being ordered.
Please sign and return to Fax Number 614-553-9178 for your order to be processed.

Client Service Specialist:
(To Be Filled in by Customer Service)

Date:

Date Needed:

Order #:

Ship to Account Number:

Bill to Account Number:

Customer Signature:

Shipping Address Information

Billing Address Information

Name:

Name:

Address 1:

Address 1:

Address 2:

Address 2:

City/State/Zip:

City/State/Zip:

Contact Name:

Telephone #

Purchase Order #

Fax #

Email Address:

State License on File? YES FAXING MAILING
(check one)

Product Order

Product Name	NDC	UOM	Qty	Gablofen Price*
Gablofen 50 mcg/mL (50 mcg/1mL)	45945-151-01	ea		
Gablofen 500 mcg/mL (10,000 mcg/20mL)	45945-155-02	ea		
Gablofen 2,000 mcg/mL (40,000 mcg/20mL)	45945-157-02	ea		

Delivery Method

Standard Delivery is 2 Day

Please indicate if alternative delivery method is needed.

Remit To:

CNS Therapeutics, Inc
P.O. Box 674322
Detroit, MI 48267-4322

Contact Information:

CNS Therapeutics, Inc: (651) 207-6959
Customer Service: (866) 417-9161
Customer Service Fax: (614) 553-9178
EDI Address: GMB-SPS-CNS@cordlogistics.com

* To the extent that customers seek reimbursement from Medicare, Medicaid or any other federal or state program, you may have an obligation to disclose in any cost report forms any discount from CNS Therapeutics Inc.