



Uniquely formulated with Hydeal-D®
 for lasting relief

No build-up or residue, clear and odorless

Get hydrated, get comfortable, and enjoy life

INSTRUCTIONS

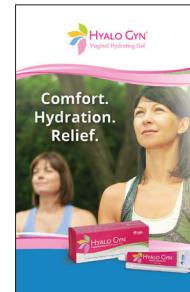
1. Please fill out completely. Incomplete orders cannot be filled.
2. Provide an original signature.
3. **FAX THIS SHEET WITH THE COMPLETED INFORMATION TO KRISTEN GARCIA AT: 305.489.4665**
4. To request additional information, please contact us toll free at: **866.703.3508**



HYALO GYN® 10 Day Sample

ORDER QUANTITY

6 Units



HYALO GYN® Patient Pamphlet

ORDER QUANTITY

25 Units 75 Units

Practitioner's Full Name _____

Physical Address _____
 (Sorry, no P.O. boxes)

City _____ State _____ Zip _____

Office Contact _____ Phone _____ Ext. _____

Practitioner's Signature _____ Medical Specialty _____

Date _____ State & License No. _____ email _____

OPTIONAL QUESTIONNAIRE

1. How many patients with menopause do you see a day? 1 to 10 10 to 20 20 or more
2. Are you interested in selling HYALO GYN® directly to your patients? Yes No

Note: HYALO GYN® is only available online without a prescription or through our physician dispensing program.

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