



# Smith Medical Partners

A Subsidiary of H. D. Smith Focused on Specialty Pharmaceutical Distribution and Solutions

## Oncology Products Order Form

Item Number	Item Description	Pack Size	NDC	Quantity
103-5500	ACIPHEX TABS 20MG	30	62856-0243-30	
332-0199	CEPHALEXIN CAP 250MG	100	00093-3145-01	
221-5762	CONCERTA TAB 54MG	100	50458-0587-01	
171-0292	EBABLEX TABS 15MG	30	00078-0420-15	
195-6317	ENBREL SURECLICK 50MG/ML	4	58406-0445-04	
101-0032	EPOGEN SDV 10MU 1ML	10	55513-0144-10	
101-0016	EPOGEN SDV 2MU 1ML	10	55513-0126-10	
101-0040	EPOGEN SDV 3MU 1ML	10	55513-0267-10	
101-0024	EPOGEN SDV 4MU 1ML	10	55513-0148-10	
148-9491	ERBITUX VL 100MG	1	66733-0948-23	
206-2834	ERBITUX VL 200MG	1	66733-0958-23	
211-9212	GABAPENTIN TAB 600MG	100	68462-0126-01	
223-5349	INDOMETHACIN ER 75MG	60	10702-0016-06	
210-5484	IXEMPRA KIT 15MG	1	00015-1910-12	
210-5468	IXEMPRA KIT 45MG	1	00015-1911-13	
208-2998	LANTUS SOLOSTAR PEN	5	00088-2220-60	
160-4552	LEVAQUIN TAB 500MG	50	50458-0925-50	
232-1495	LOSARTAN TAB 100MG	30	00093-7366-56	
178-4198	LYRICA CAPS 100MG	90	00071-1015-68	
178-4206	LYRICA CAPS 150MG	90	00071-1016-68	
178-4172	LYRICA CAPS 50MG	90	00071-1013-68	

\* More products on reverse side.

Account Number: \_\_\_\_\_ Account Name: \_\_\_\_\_

Ordered By: \_\_\_\_\_ Direct Phone: \_\_\_\_\_

Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Fax complete form to Smith Medical Partners at: 630.227.9220**  
**For questions call us at: 800.292.9653**

***Visit us on the web at [smpspecialty.com](http://smpspecialty.com)***



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## Oncology Products Order Form - *continued*

Item Number	Item Description	Pack Size	NDC	Quantity
131-7023	MEGESTROL SUSP 8OZ	1	00054-3542-58	
108-9994	MYLOTARG VL 5MG 20ML	1	00008-4510-01	
115-5696	NEUPOGEN SY 300 0.5M	10	55513-0924-10	
115-5704	NEUPOGEN SY 400 0.8M	10	55513-0209-10	
119-9306	NILANDRON 150MG	30	00088-1111-14	
231-3070	OXALIPLATIN SDV 50MG	1	41616-0176-40	
231-0316	OXALIPLATIN SDV 100MG	1	41616-0178-40	
213-3494	PROCRIT MDV 10MU/ML 2ML	4	59676-0312-04	
210-2945	PROCRIT MDV 20MU/ML 1ML	4	59676-0320-04	
150-0040	PROCRIT SDV 10MU	6	59676-0310-01	
101-7318	PROCRIT SDV 40MU	4	59676-0340-01	
224-0703	SAVELLA TAB 100MG	60	00456-1510-60	
224-4606	SIMPONI SYRINGE 50MG	1	57894-0070-01	
221-2579	SUMATRIPTAN SDV 6MG/0.5ML	5	00781-3174-14	
214-2909	TREANDA 100MG 20ML	1	63459-0391-20	
230-1125	VALACYCLOVIR TAB 1GM	30	63304-0905-30	
197-7685	VECTIBIX SDV 100MG 5ML	1	55513-0954-01	
197-7701	VECTIBIX SDV 400MG 20ML	1	55513-0956-01	
144-4207	ZOMETA VL 4MG 5ML LIQUID	1	00078-0387-25	

Account Number: \_\_\_\_\_ Account Name: \_\_\_\_\_

Ordered By: \_\_\_\_\_ Direct Phone: \_\_\_\_\_

Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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