

**New patients get  
50% off their first  
30-count Ellura with your  
medical recommendation.**

OR they will receive a FREE 30-  
count when they purchase a 90-  
count at regular price

60-day happiness  
guarantee!

**ellura**<sup>®</sup>  
36mg PAC (100% juice extract)

## PATIENT REFERRAL FORM

Complete and fax this form to **404.736.2575** to start your patient on **Ellura<sup>®</sup>, Māge<sup>™</sup>, or Via<sup>™</sup>**. A Customer Care Team member will contact them to assist with ordering, answer any more questions they may have, and further support your recommendation.

### HEALTHCARE PROVIDER (mandatory) *Physician/Clinic Stamp accepted*

NAME _____	NPI number* _____
OFFICE/PRACTICE _____	
PHONE _____	EMAIL _____

### PATIENT INFORMATION

NAME (FIRST/LAST) _____	
PHONE _____	EMAIL _____

### INDICATE YOUR RECOMMENDATIONS:

<input type="checkbox"/>	<b>Ellura 30-count UTI supplement</b>
<input type="checkbox"/>	<b>Ellura 60-count UTI supplement</b>
<input type="checkbox"/>	<b>Ellura 90-count UTI supplement</b>
<input type="checkbox"/>	<b>Ellura ongoing use</b>
<input type="checkbox"/>	<b>Māge 30-count probiotic for her</b>
<input type="checkbox"/>	<b>Māge 90-count probiotic for her</b>
<input type="checkbox"/>	<b>Via 30 mL vaginal moisturizer</b>

To request more information on Ellura, Māge or Via, email [hcp@solwellness.com](mailto:hcp@solwellness.com).  
Return this form by fax to **404.736.2575** or by email to [orders@solwellness.com](mailto:orders@solwellness.com).