



New patients can get **25% off** their first order (up to \$50).

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

60-day happiness guarantee!

ellura[®]
36mg PAC (100% juice extract)

PATIENT REFERRAL FORM

Complete and fax this form to **404.736.2575** to start your patient on **Ellura[®], Māge[™], or Via[™]**. 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"/> | Ellura 30-count UTI supplement |
| <input type="checkbox"/> | Ellura 60-count UTI supplement |
| <input type="checkbox"/> | Ellura 90-count UTI supplement |
| <input type="checkbox"/> | Ellura ongoing use |
| <input type="checkbox"/> | Māge 30-count probiotic for her |
| <input type="checkbox"/> | Māge 90-count probiotic for her |
| <input type="checkbox"/> | Via 30 mL vaginal moisturizer |

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