



PATIENT REFERRAL FORM

New patients can get
25% off their first
Solv Wellness order with your
medical recommendation.

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

**60-Day Happiness
Guarantee!**

Complete and fax this form to 404.736.2575 to start your patient on **GennaMD™**, **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:

☐	GennaMD 30-count UTI supplement
☐	GennaMD 60-count UTI supplement
☐	GennaMD 90-count UTI supplement
☐	GennaMD ongoing use
☐	Māge 30-count probiotic for her
☐	Māge 90-count probiotic for her
☐	Via 30 mL vaginal moisturizer

Return this form by fax to **404.736.2575** or by emailing orders@solvwellness.com.
To request more information on GennaMD, Mage or Via, email hcp@solvwellness.com.

*NPI # Is required for Via referral

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