



**Narcotics and Controlled Substances Order Request Form**

Date:	Customer #:	Purchaser Name:
Store Name & Address:  _____ _____ _____ _____		X _____
		Signature:  X _____
		License #:  X _____
		Tel: _____ Fax: _____

Quantity	Package Size	Product Number	Product Description	Price

Please mail to:



**4555 Beaudry Avenue | Saint-Hyacinthe | QC | J2S 8W2**  
**Tel: 1-855-866-0866**  
**Fax: 1-888-888-7979**  
**www.galenova.com**