



Asthmanefrin

Order Form

FAX order to:
877-535-3803

Contacts:
Glenda Masonbrink
glenda.masonbrink@pbahealth.com
816-245-5726

PBA Health
6300 Enterprise Road
Kansas City, MO 64120
Ph: 800-333-8097

Pharmacy Name: _____
Shipping Address: _____
City, State, Zip: _____
Contact Name: _____
NCPDP #: _____
Signature: _____

Product Description	Size	NDC	Price	Order Quantity
Asthmanefrin Refill Kit	30 each	00487-2784-01	\$21.40	
Asthmanefin Starter Kit	10 each	00487-2784-10	\$42.82	