

# AQUEGEL

**- ACTION NEEDED -  
DO NOT THROW AWAY**

**THESE FORMS MUST BE COMPLETED AND RETURNED TO RECEIVE  
CUSTOMER REFERRALS!!!**

## **INSTRUCTIONS:**

### **1. PreBook Aquegel From Cardinal Health:**

- *Complete the attached "Cardinal Health PreBook Sheet"*
- *FAX IT TO: 641-652-4853*

### **2. Register Your Pharmacy:**

- *Complete the "Marketing Program Registration Form" (BELOW)*
- *FAX BOTH THE PREBOOK SHEET & REGISTRATION FORM TO: 1-866-895-6751*

## **MARKETING PROGRAM REGISTRATION FORM**

Please complete the following and fax to: *1-866-223-4838*

### **General Information:**

Pharmacy Name:	
Phone Number:	
Primary Contact Name:	
Primary Company Email:	

### **Physical Address:**

Address:	
City:	
State:	
Zip Code:	

### **Pharmacy Services:**

Please check all services you would like to appear on our Buy Locally Map:

- |                        |                          |
|------------------------|--------------------------|
| Compound Prescriptions | <input type="checkbox"/> |
| Delivery Service       | <input type="checkbox"/> |
| Respiratory Service    | <input type="checkbox"/> |
| DME                    | <input type="checkbox"/> |
| Long Term Care Service | <input type="checkbox"/> |
| Other: _____           | <input type="checkbox"/> |

**Cardinal DC:** \_\_\_\_\_

*(What DC do you fill from?)*

*NOTE: Services will be listed on Buy Locally map as: "[SERVICE] Options". No details will be provided.*

**FORM COMPLETED BY (print):** \_\_\_\_\_

PLEASE COMPLETE AND FAX TO: 1-866-895-6751 FOR QUESTIONS CALL: 1-866-223-4838

MARKETING PROGRAM REGISTRATION FORM