| HEALTHCARE PHARMACY                                 | PRICE REQUEST         |                  | DATE:                 |
|---|-----------------------|------------------|-----------------------|
| 8720 Quimper Place, Ste 300<br>Shreveport, LA 71105 |                       |                  |                       |
| TEL: (318)671-9603 or 1-888-668-9916                |                       |                  |                       |
| FAX: (318)671-1106 or 1-888-668-9975                |                       |                  |                       |
|   | FOR                   |                  |                       |
|   | (Nursing Facility)    |                  |                       |
|   |                       |                  |                       |
| MEDICATION  | STRENGTH              | QTY              | PRICE                 |
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| INSTRUCTIONS:                                       |                       |                  |                       |
| Please complete above and fax to Healthcar          | e Pharmacy. A copy wi | th prices (not I | ncluding tax) will be |
| faxed back to you as soon as possible.              |                       |                  |                       |
| Prices quoted by:                                   | Date:                 | :                |                       |
| Healthcare Pharmacy                                 |                       |                  |                       |

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