Hormone Pellet Implants & Injectables

Belmar™
SELECT OUTSOURCING
FDA Registered 503B Outsourcing Facility

04/08/21

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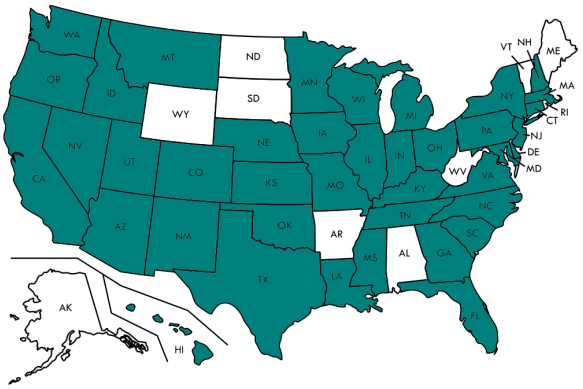
Hormone Pellets & Injectables

Belmar Select Outsourcing (BSO) is Belmar Pharma Solutions' 503B Outsourcing Facility dedicated to the production of hormone pellets and injectable testosterone cypionate. The facility is managed by a team of experts with extensive experience in cGMP Manufacturing and Quality Assurance. Our track record with the FDA speaks volume to our focus on precision and our respect for the guidelines put in place to protect patients and prescribers.

Being a 503B Outsourcing Facility allows you to order in bulk, and get orders shipped directly to your office.



We are licensed in 41 states. We cannot ship to Alabama, Alaska, Maine, North Dakota, South Dakota, Rhode Island, Vermont, West Virginia, and Wyoming.

What to Expect from BSO

- Quality medication and fast turn-around!
- After your application is complete and an order is placed, we bill you and ship directly to your DEA-Registered shipping address.
- One-Stop-Shop: Ability to order disposable trocar kits and reusable stainless-steel trocars with your pellet order.
- Once your order is shipped, you will receive an email with your tracking information and a signature will be required upon delivery.
- A receipt, invoice and packing slip will arrive with the order for your records.

Benefits of Buying from BSO

- Inventory management assistance
- Customizable brochures for your medical office
- Quarterly business reviews
- No Contracts
- Access to Belmar Medical Director with over 25 years of hormone experience
- Free monthly educational webinars
- Free Pellet Dosing Calculator for active accounts

Working with a 503B Facility

- You can order in bulk, shipped directly to your office.
- All finished products are third-party tested for potency.
- BSO is held to the same standards as those required of major drug manufacturers.

Easy Ordering and Same Day Shipping

Orders placed before 12pm Mountain Time are processed and shipped same day. Orders can be faxed, phoned, or emailed in. **NO CONTRACTS REQUIRED!**

Extensive Formulary

A wide range of strengths in testosterone, testosterone/anastrozole combo pellet estradiol, anastrozole, and progesterone pellets in stock.

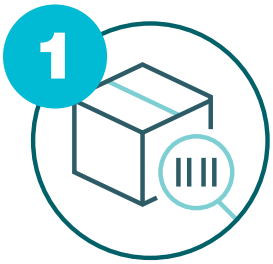
Our testosterone pellets are available in pure and cholesterol (2% or 4%)

Testosterone Cypionate available with Anastrozole or DHEA with grapeseed oil.

04/08/21

Pellet Manufacturing Process Steps

Belmar Select Outsouring (BSO) – an FDA Registered 503B Outsourcing Facility – pellets are made under cGMP with equipment that allows for consistency throughout the manufacturing process. During the manufacturing process pellets are 100% weight tested and visually inspected. Our pellets are packaged in glass vials that are designed to maintain the sterility of the unopened product. Each vial has a label with a perforated edge to assist in determining if the vial has been opened. BSO pellets are sterilized using e-beam radiation, widely considered an effective and reliable way to achieve sterilization. The final step in the process is third-party testing. Each lot of pellets is tested for potency and the presence of endotoxins. This ensures each pellets implanted is the intended dose.



Inspection/Sampling of Incoming Materials

External Testing:

- Endotoxin
- Heavy Metals
- Chemical ID
- Microbial

Preparations and Pellet Punching

In-Process Testing

- 100% Weight
- Hardness (if applicable)

Visualization Inspection and Packaging

Testing:

- 100% Visual Inspection
- Container Closure/Stability Studies

Sterilizations - E-beam Radiation

Testing:

- Sterilization Validation
- Biological Indicator (BI) Testing

Finished Product Testing

External Testing:

- Endotoxin
- Potency

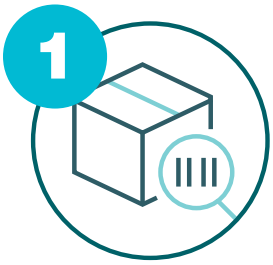
Release

Why Choose Belmar Terminally Sterilized Liquid Injectables over Aseptically Compounded Liquid Injectables

Terminal sterilization is the process of sterilizing a product in its final container, while aseptic processing involves combining separately sterilized components under aseptic conditions. Unintentional mishaps at any point during aseptic processing will render the product non-sterile. Terminal sterilization guarantees product sterility regardless of any mishaps during the manufacturing process.

Manufacturing Process Steps

Belmar Select Outsourcing (BSO) – an FDA Registered 503B Outsourcing Facility – liquid injectable vials are made under cGMP with equipment that allows for consistency throughout the manufacturing process. During the manufacturing process, the active pharmaceutical ingredients and pharmaceutical-grade inactive ingredients are vigorously mixed in an industrial high shear mixer that results in a homogenous solution. The solution is then filtered to remove any particulates that could have entered during the mixing process and filled in glass vials that are designed to maintain the sterility of the unopened product. The flip-off cap on each vial helps maintain closure integrity as well as double as a tamper-evident seal. Each vial is 100% visually inspected for particulates before being labeled. BSO liquid injectable vials are sterilized using e-beam radiation, widely considered an effective and reliable way to achieve sterilization. The final step in the process is third-party testing. Each lot is tested for potency, particulate matter, pH, and the presence of endotoxins. This ensures each product used for injection is the intended dose.



Inspection/Sampling of Incoming Materials

External Testing:

- Endotoxin
- Heavy Metals
- Chemical ID
- Microbial

Solution Preparation

Visualization Inspection and Packaging

Testing:

- 100% Visual Inspection
- Container Closure/ Stability Studies

Sterilizations - E-beam Radiation

Testing:

- Sterilization Validation
- Biological Indicator (BI) Testing

Finished Product Testing

External Testing:

- Endotoxin
- Potency

Release

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Account Application

Checklist:

- ☐ Account Application
- ☐ Copy of State Medical License
- ☐ Authorized Agents Form
- ☐ Government Issued Photo ID
- ☐ Credit Card Authorization Form
- ☐ Additional Licenses (if applicable)
- ☐ Copy of Federal DEA License
- ☐ Essential Copies Attestation Form

Please Note: Your state may require additional information.

Practitioner Name & Title _____

Practice Name _____

DEA Registered Office Address _____ Suite _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Website _____ Practice Email _____

Practice Contact _____ Contact Email: _____

How many years at this location? _____ Days & Hours of Operation _____

DEA License _____ DEA Expiration _____

State License _____ Expiration _____

State Controlled Substance License (if applicable) _____ Expiration _____

(Please provide copies of DEA & State Licenses. Attach with this document or fax to: 1-877-267-3409

Estimated number of total patients using testosterone pellets? (Even if your practice is just starting out, an estimate is required.)

_____

The DEA requires that we track controlled substance ordering trends.

How many of each strength of testosterone pellet listed below do you plan on ordering in a month? Estimates are ok.

12.5mg_____ 25mg_____ 37.5mg _____ 50mg _____ 62.5mg_____

70mg _____ 80mg_____ 87.5mg _____ 100mg _____ 200mg _____

Practitioner Signature _____ Date: _____
DEA License Holder

It is the responsibility of the DEA license holder to notify BSO of ANY changes to his/her license information including: renewal, change of address, abandonment, or authorized personnel.

Internal Use - Scan this document and attach to practitioner record.

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Liquid Injectable Addendum

Practitioner Name _____

Practice Name _____ State _____

Please provide the following information regarding ordering of liquid injectables from Belmar Select Outsourcing.

How many of the following products listed below do you plan on ordering in a month?

Medication	Estimated Number
Testosterone Cypionate/Anastrozole (in grapeseed oil) 200mg/1mg/mL 10 mL vials	
Testosterone Cypionate/Anastrozole (in grapeseed oil) 200mg/0.5mg/mL 10 mL vials	
Testosterone Cypionate/DHEA (in grapeseed oil) 200mg/10mg/mL 10 mL vials	

Practitioner Signature _____ Date: _____

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Terms & Conditions for Credit Card Payments

Cardholder Name _____

Practitioner's Name _____

Practice Name _____

Billing Address _____ Suite _____

City _____ State _____ Zip _____

Credit Card Number _____ Exp. Date _____ CVV _____

By providing your credit card information:

- You are stating that you are an authorized user of the credit card and that the associated information provided (account holder name, account number, billing address, etc.) is accurate.
- You authorize BSO to charge the amount you have requested to be charged to your credit card.
- You also authorize BSO to return to your credit card any funds due to you by BSO resulting from use of this Service.
- If a charge is declined or reversed by the credit card issuer or network, you agree to pay us a service charge and to reimburse us for all resonable costs of collection. Your credit card issuer may also assess its customary charge for such transactions.
- If your credit card issuer or network does not honor a payment transaction, then we have the right to charge the amount of any such transaction to your account or to collect the amount from you using another payment option.
- If your credit card issuer or network does not honor a payment transaction, we may terminate any or all Service, and may cancel your right to order from BSO.
- **BSO testosterone pellets are in multiples of 10 per pellet strength. If quantity ordered is not in a multiple of 10 you authorize BSO to round up your order to the next multiple of 10 per pellet strength. BSO packages testosterone cypionate vials in multiples of 5 per concentration. If quantity ordered is not in a multiple of 5 you authorize BSO to round up your order to the next multiple of 5 per concentration.**

Cardholder's Signature _____ Date: _____

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Written Authorization of an Agent

Only the DEA license holder and representatives listed as authorized agents below can place orders through Belmar Select Outsourcing.

It is the responsibility of the DEA license holder to notify Belmar Select Outsourcing of any changes to their license information including renewal, change of address, abandonment, or authorized personnel.

If an order is placed by an individual who is not listed as an authorized agent designated by the practitioner, the order will not be processed until we have received written documentation that the individual placing the order is an authorized agent of the DEA license holder. Verbal updates to authorized agents will not be accepted. If the authorized DEA license holder is the only individual placing orders, please document this information below.

Name of DEA registered individual practitioner _____

DEA registration number: _____

List Authorized Agents of DEA License Holder:

Name	Title

I, _____(Name of DEA registered individual practitioner), the undersigned, who is authorized to procure controlled substances, hereby authorize the above individuals to act as my agent for ordering from Belmar Select Outsourcing via phone, e-mail, fax, or an electronic ordering system.

Signature of DEA registered individual practitioner:_____

Signed and dated on the _____ day of _____ (month), _____ (year), at _____

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Use of Compounded Testosterone Cypionate/Anastrozole Attestation

Use of Compounded Testosterone Cypionate/Anastrozole 200/1 mg/mL and Testosterone Cypionate/Anastrozole 200/0.5 mg/mL in Grapeseed Oil Attestation

Check all that apply:

A) ☐ In my professional judgement, I have determined that the Testosterone Cypionate/Anastrozole 200/1 mg/mL and the Testosterone Cypionate/Anastrozole 200/0.5 mg/mL in grapeseed oil products are clinically necessary to meet the unique needs of individual patients where **commercially available**[1] **200mg/mL Testosterone Cypionate in Cottonseed oil** does not meet those needs due to allergies, intolerance to excipients, route of administration and/or product labeling and directions for use restrict my ability to provide appropriate treatment.

B) ☐ In my professional judgment and experience, the use of the Testosterone Cypionate/Anastrozole 200/1 mg/mL and the Testosterone Cypionate/Anastrozole 200/0.5 mg/mL in grapeseed oil compounded drug preparation is clinically necessary to provide the appropriate dosing based on treatment protocols for both drug substances that cannot be met by the **commercially available1 200mg/mL Testosterone Cypionate in Cottonseed oil** product. Appropriate dose is due to the patients need for both drug substances that cannot be met by the commercially available 200mg/mL Testosterone Cypionate in Cottonseed oil.

In signing this document, I hereby attest that I am the practitioner who will administer the compounded preparation(s) listed above, or I have the authority to speak on behalf of practitioners who will administer the compounded preparation(s) listed above. Additionally, in signing this document, I hereby attest that the compounded preparation(s) listed above will only be administered to patients for whom the practitioner determines will produce a clinical difference from the **commercially available approved** drug product, as described more fully above.

Facility Name: _____

Practitioner Name:_____ DEA #: _____

Facility Contact Name and Title: _____

Signature:_____ Date:_____

It is the responsibility of the Provider to notify BSO of ANY changes to his/her practice including addition of authorized personal determining necessity of compounded product.

[1] Commercially available does not include FDA-approved drugs listed on FDA's Drug Shortage List.

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Use of Compounded Testosterone Cypionate/DHEA Attestation

Use of Compounded Testosterone Cypionate/DHEA 200/10mg/mL in Grapeseed Oil Attestation

Check all that apply:

A) ☐ In my professional judgement, I have determined that the Testosterone Cypionate/DHEA 200/10 mg/mL in grapeseed oil products are clinically necessary to meet the unique needs of individual patients where **commercially available[1] 200mg/mL Testosterone Cypionate in Cottonseed oil** does not meet those needs due to allergies, intolerance to excipients, route of administration (DHEA) and/or product labeling and directions for use restrict my ability to provide appropriate treatment.

B) ☐ In my professional judgment and experience, the use of the Testosterone Cypionate/DHEA 200/10 mg/mL in grapeseed oil compounded drug preparation is clinically necessary to provide the appropriate dosing based on treatment protocols for both drug substances that cannot be met by the **commercially available[1] 200mg/mL Testosterone Cypionate in Cottonseed oil** product. Appropriate dose is due to the patients need for both drug substances that cannot be met by the commercially available 200mg/mL Testosterone Cypionate in Cottonseed oil.

In signing this document, I hereby attest that I am the practitioner who will administer the compounded preparation(s) listed above, or I have the authority to speak on behalf of practitioners who will administer the compounded preparation(s) listed above. Additionally, in signing this document, I hereby attest that the compounded preparation(s) listed above will only be administered to patients for whom the practitioner determines will produce a clinical difference from the **commercially available approved** drug product, as described more fully above.

Facility Name: _____

Practitioner Name: _____ DEA #: _____

Facility Contact Name and Title: _____

Signature: _____ Date: _____

It is the responsibility of the Provider to notify BSO of ANY changes to his/her practice including addition of authorized personal determining necessity of compounded product.

[1] Commercially available does not include FDA-approved drugs listed on FDA's Drug Shortage List.

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Use of Compounded Anastrozole Hormone Pellet Attestation

Use of Compounded Anastrozole Hormone Pellet Attestation (6mg, 10mg, 20mg)

Check all that apply:

A) ☐ In my professional judgement, I have determined that the Anastrozole hormone pellets in the following sizes: 6mg, 10mg, and 20mg are clinically necessary to meet the unique needs of individual patients where **commercially available[1] Anastrozole drugs** do not meet those needs due to allergies, intolerance to excipients, route of administration and/or product labeling and directions for use restrict my ability to provide appropriate treatment.

B) ☐ In my professional judgment and experience, the use of the Anastrozole Hormone pellets in the following sizes: 6mg, 10mg, and 20mg is clinically necessary to provide the appropriate dosing based on treatment protocols that cannot be met by the **commercially available1 Anastrozole drug product.** Appropriate dose is due to the patients need for either a higher or lower dose and route of administration than the commercially available Anastrozole drugs.

In signing this document, I hereby attest that I am the practitioner who will administer the compounded preparation(s) listed above, or I have the authority to speak on behalf of practitioners who will administer the compounded preparation(s) listed above. Additionally, in signing this document, I hereby attest that the compounded preparation(s) listed above will only be administered to patients for whom the practitioner determines will produce a clinical difference from the **commercially available approved** drug product, as described more fully above.

Facility Name: _____

Practitioner Name: _____ DEA #: _____

Facility Contact Name and Title: _____

Signature: _____ Date: _____

It is the responsibility of the Provider to notify BSO of ANY changes to his/her practice including addition of authorized personal determining necessity of compounded product.

[1] Commercially available does not include FDA-approved drugs listed on FDA's Drug Shortage List.

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Use of Compounded Estradiol Hormone Pellet Attestation

Use of Compounded Estradiol Hormone Pellet Attestation (6mg, 10mg, 12.5mg, 15mg, 18mg, 20mg, 22mg 25mg, 37.5mg, 50mg)

Check all that apply:

A) ☐ In my professional judgement, I have determined that the Estradiol Hormone pellets in the following sizes: 6mg, 10mg, 12.5mg, 15mg, 18mg, 20mg, 22mg 25mg, 37.5mg, 50mg are clinically necessary to meet the unique needs of individual patients where **commercially available[1] Estradiol drugs** do not meet those needs due to allergies, intolerance to excipients, route of administration and/or product labeling and directions for use restrict my ability to provide appropriate treatment.

B) ☐ In my professional judgment and experience, the use of the Estradiol Hormone pellets in the following sizes: 6mg, 10mg, 12.5mg, 15mg, 18mg, 20mg, 22mg 25mg, 37.5mg, 50mg is clinically necessary to provide the appropriate dosing based on treatment protocols that cannot be met by the **commercially available[1] Estradiol drug** product. Appropriate dose is due to the patients need for either a higher or lower dose and route of administration than the commercially available Estradiol drugs.

In signing this document, I hereby attest that I am the practitioner who will administer the compounded preparation(s) listed above, or I have the authority to speak on behalf of practitioners who will administer the compounded preparation(s) listed above. Additionally, in signing this document, I hereby attest that the compounded preparation(s) listed above will only be administered to patients for whom the practitioner determines will produce a clinical difference from the _ drug product, as described more fully above.

Facility Name: _____

Practitioner Name:_____ DEA #: _____

Facility Contact Name and Title: _____

Signature:_____ Date:_____

It is the responsibility of the Provider to notify BSO of ANY changes to his/her practice including addition of authorized personal determining necessity of compounded product.

[1] Commercially available does not include FDA-approved drugs listed on FDA's Drug Shortage List.

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Use of Compounded Progesterone Hormone Pellet Attestation

Use of Compounded Progesterone Hormone Pellet Attestation (50mg, 75mg)

Check all that apply:

A) ☐ In my professional judgement, I have determined that the Progesterone hormone pellets in the following sizes: 50mg and 75mg are clinically necessary to meet the unique needs of individual patients where **commercially available[1] Progesterone drugs** do not meet those needs due to allergies, intolerance to excipients, route of administration and/or product labeling and directions for use restrict my ability to provide appropriate treatment.

B) ☐ In my professional judgment and experience, the use of the Progesterone hormone pellets in the following sizes: 50mg and 75mg is clinically necessary to provide the appropriate dosing based on treatment protocols that cannot be met by the **commercially available[1] Progesterone drug** product. Appropriate dose is due to the patients need for either a higher or lower dose and route of administration than the commercially available Progesterone drugs.

In signing this document, I hereby attest that I am the practitioner who will administer the compounded preparation(s) listed above, or I have the authority to speak on behalf of practitioners who will administer the compounded preparation(s) listed above. Additionally, in signing this document, I hereby attest that the compounded preparation(s) listed above will only be administered to patients for whom the practitioner determines will produce a clinical difference from the **commercially available approved** drug product, as described more fully above.

Facility Name: _____

Practitioner Name: _____ DEA #: _____

Facility Contact Name and Title: _____

Signature: _____ Date: _____

It is the responsibility of the Provider to notify BSO of ANY changes to his/her practice including addition of authorized personal determining necessity of compounded product.

[1] Commercially available does not include FDA-approved drugs listed on FDA's Drug Shortage List.

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Use of Compounded Testosterone with Cholesterol Hormone Pellet Attestation

Use of Compounded Testosterone with Cholesterol Hormone Pellet Attestation (12.5mg, 25mg, 37.5mg, 50mg, 62.5mg, 70mg, 80mg, 87.5mg, 100mg, 200mg)

Check all that apply:

A) ☐ In my professional judgement, I have determined that the Testosterone hormone pellets with cholesterol in the following sizes: 12.5mg, 25mg, 37.5mg, 50mg, 62.5mg, 70mg, 80mg, 87.5mg, 100mg, 200mg are clinically necessary to meet the unique needs of individual patients where the **commercially available[1] 75mg Testosterone pellet** does not meet those needs due to allergies, intolerance to excipients and/or product labeling and directions for use restrict my ability to provide appropriate treatment.

B) ☐ In my professional judgment and experience, the use of the Testosterone hormone pellets with cholesterol in the following sizes: 12.5mg, 25mg, 37.5mg, 50mg, 62.5mg, 70mg, 80mg, 87.5mg, 100mg, 200mg 8mg 200mg is clinically necessary to provide the appropriate dosing based on treatment protocols that cannot be met by the **commercially available[1] 75mg Testosterone pellet**. Appropriate dose is due to the patients need for either a higher or lower dose than the commercially available 75mg Testosterone Pellet.

In signing this document, I hereby attest that I am the practitioner who will administer the compounded preparation(s) listed above, or I have the authority to speak on behalf of practitioners who will administer the compounded preparation(s) listed above. Additionally, in signing this document, I hereby attest that the compounded preparation(s) listed above will only be administered to patients for whom the practitioner determines will produce a clinical difference from the **commercially available 75mg Testosterone** drug product, as described more fully above.

Facility Name: _____

Practitioner Name:_____ DEA #: _____

Facility Contact Name and Title: _____

Signature:_____ Date:_____

It is the responsibility of the Provider to notify BSO of ANY changes to his/her practice including addition of authorized personal determining necessity of compounded product.

[1] Commercially available does not include FDA-approved drugs listed on FDA's Drug Shortage List.

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Use of Compounded Testosterone without Cholesterol Hormone Pellet Attestation

Use of Compounded Testosterone without Cholesterol Hormone Pellet Attestation (12.5mg, 25mg, 37.5mg, 50mg, 62.5mg, 70mg, 80mg, 87.5mg, 100mg, 200mg)

Check all that apply:

A) ☐ In my professional judgement, I have determined that the Testosterone hormone pellets without cholesterol in the following sizes: 12.5mg, 25mg, 37.5mg, 50mg, 62.5mg, 70mg, 80mg, 87.5mg, 100mg, 200mg are clinically necessary to meet the unique needs of individual patients where the **commercially available[1] 75mg Testosterone pellet** does not meet those needs due to allergies, intolerance to excipients and/or product labeling and directions for use restrict my ability to provide appropriate treatment

B) ☐ In my professional judgment and experience, the use of the Testosterone hormone pellets without cholesterol in the following sizes: 12.5mg, 25mg, 37.5mg, 50mg, 62.5mg, 70mg, 80mg, 87.5mg, 100mg, 200mg 8mg 200mg is clinically necessary to provide the appropriate dosing based on treatment protocols that cannot be met by the **commercially available[1] 75mg Testosterone pellet**. Appropriate dose is due to the patients need for either a higher or lower dose than the commercially available 75mg Testosterone Pellet.

In signing this document, I hereby attest that I am the practitioner who will administer the compounded preparation(s) listed above, or I have the authority to speak on behalf of practitioners who will administer the compounded preparation(s) listed above. Additionally, in signing this document, I hereby attest that the compounded preparation(s) listed above will only be administered to patients for whom the practitioner determines will produce a clinical difference from the **commercially available 75mg Testosterone** drug product, as described more fully above.

Facility Name: _____

Practitioner Name: _____ DEA #: _____

Facility Contact Name and Title: _____

Signature: _____ Date: _____

It is the responsibility of the Provider to notify BSO of ANY changes to his/her practice including addition of authorized personal determining necessity of compounded product.

[1] Commercially available does not include FDA-approved drugs listed on FDA's Drug Shortage List.

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Use of Compounded Testosterone/Anastrozole Hormone Pellet Attestation

Use of Compounded Testosterone/Anastrozole Hormone Pellet Attestation (100mg/4mg; 200mg/8mg)

Check all that apply:

A) ☐ In my professional judgement, I have determined that the Testosterone/AnastrozoleHormone pellets in the following sizes: 100mg/4mg; 200mg/8mg are clinically necessary to meet the unique needs of individual patients where **commercially available[1] 75mg Testosterone Pellet** does not meet those needs due to allergies, intolerance to excipients, and/or product labeling and directions for use restrict my ability to provide appropriate treatment.

B) ☐ In my professional judgment and experience, the use of the Testosterone/AnastrozoleHormone pellets in the following sizes: 100mg/4mg; 200mg/8mg is clinically necessary to provide the appropriate dosing based on treatment protocols for both drug substances that cannot be met by the **commercially available[1] 75mg Testosterone Pellet**. Appropriate dose is due to the patients need for both drug substances and due to the patients need for either a higher or lower dose that cannot be met by the commercially available 75mg Testosterone Pellet.

In signing this document, I hereby attest that I am the practitioner who will administer the compounded preparation(s) listed above, or I have the authority to speak on behalf of practitioners who will administer the compounded preparation(s) listed above. Additionally, in signing this document, I hereby attest that the compounded preparation(s) listed above will only be administered to patients for whom the practitioner determines will produce a clinical difference from the **commercially available approved** drug product, as described more fully above.

Facility Name: _____

Practitioner Name:_____ DEA #: _____

Facility Contact Name and Title: _____

Signature: _____ Date: _____

It is the responsibility of the Provider to notify BSO of ANY changes to his/her practice including addition of authorized personal determining necessity of compounded product.

[1] Commercially available does not include FDA-approved drugs listed on FDA's Drug Shortage List.

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Pellet Order Form

Fax order to: (877)-267-3409 | Email order to: orders@belmarselectoutsourcing.com

Hours of Operation: Mon-Thurs 8am - 5pm | Fri 8am - 3pm MST
Orders received before 12pm MST will be processed same business day.

Practitioner Name _____ Date _____

Pellet Order Submitted by _____ Phone _____

Email for Tracking _____ Date Needed _____

☐ Credit Card on File Ending in _____ ☐ Call for Credit Card For Appt. On _____

Testosterone pellets must be ordered in sets of 10 per pellet strength (10, 20, 30).

Estradiol
(Pure) No Minimum

Strength	# of Pellets
6mg	
10mg	
12.5mg	
15mg	
18mg	
20mg	
22mg	
25mg	
37.5mg	
50mg	

Testosterone
(Cholesterol < 4%)

Strength	# of Pellets	
12.5mg		
25mg		
37.5mg		
50mg		
62.5mg		
70mg		
80mg		
87.5mg		
100mg		
* 200mg		Round End
* 200mg		Blunt End

Testosterone
(Pure)

Strength	# of Pellets	
12.5mg		
25mg		
37.5mg		
50mg		
62.5mg		
70mg		
80mg		
87.5mg		
100mg		
200mg		Blunt End

Testosterone
(Cholesterol < 2%)

Strength	# of Pellets	
100mg		
* 200mg		Round End
* 200mg		Blunt End

Anastrozole
No Minimum

Strength	# of Pellets
6mg	
10mg	
20mg	

Progesterone
No Minimum

Strength	# of Pellets
50mg	
75mg	

* Not recommended for protection of the endometrium.

Testosterone/Anastrozole
No Minimum

Strength	# of Pellets	
100mg/4mg		Blunt End
200mg/8mg		Blunt End

Shipping Options* *No returns, exchanges, or refunds. Shipping times not guaranteed.*

☐ UPS Ground 5 days Continental US Only ($10)
☐ FedEx/UPS 3rd Day / by 4:30pm ($20)
☐ FedEx/UPS 2nd Day / by 4:30pm **DEFAULT** ($24)
☐ FedEx/UPS 2nd Day / by 12:00pm ($27)
☐ FedEx/UPS Priority Overnight / by 12:00pm ($45)
☐ FedEx/UPS First Overnight / by 8:00am ($105)
☐ FedEx/UPS Standard Overnight / by 4:30pm ($40)

When you place an order of $1000 or more, FREE 2ND DAY Shipping (DEFAULT) or $24 off any other shipping option.
***Shipping carrier may vary.**

Questions? Call: (877) 267-3410 or visit www.BelmarSelectOutsourcing.com

_____ ***Initial Here***

By submitting this order, I hereby attest that I am the practitioner who will administer the compounded preparation(s) listed above, or I have the authority to speak on behalf of practitioners who will administer the compounded preparation(s) listed above. Additionally, in signing this order form, I hereby attest that the compounded preparation(s) listed above will produce a clinical difference from the comparable commercially available drug product, as described on the attestation that I signed.

Belmar™
SELECT OUTSOURCING
FDA Registered 503B Outsourcing Facility

Trocar Order Form

Fax order to: (877)-267-3409 | Email order to: orders@belmarselectoutsourcing.com

Hours of Operation: Mon-Thurs 8am - 5pm | Fri 8am - 3pm MST
Orders received before 12pm MST will be processed same business day.

Practitioner Name _____ Date _____

Trocar Order Submitted by _____ Phone _____

Email for Tracking _____ Date Needed _____

☐ Credit Card on File Ending in _____ ☐ Call for Credit Card For Appt On _____

Note: The manufacturer/supplier of trocars may vary

Disposable Trocars

	Quantity
Pellet Insertion Procedure Tray Only (Does not contain instrument)	
Plastic Disposable Trocar Kit Small*	
Plastic Disposable Trocar Kit Large**	
Stainless Steel Tip Disposable Trocar Kit Small*	
Stainless Steel Tip Disposable Trocar Kit Large**	

* "Small" trocars work with pellets that are 100mg or smaller
** "Large" trocars work with 200mg pellets

Reuseable Trocars ($175)

6mg - 100mg Pellets (Female)

	Quantity
Stainless Steel *Long* Trocar Kit 3.5mm (3.5FL)	
Stainless Steel *Short* Trocar Kit 3.5mm (3.5FS)	

200mg Pellets (Male)

	Quantity
Stainless Steel *Long* Trocar Kit 4.6mm (4.6ML)	
Stainless Steel *Short* Trocar Kit 4.6mm (4.6MS)	

Shipping Options* *No returns, exchanges, or refunds. Shipping times not guaranteed.*

☐ UPS Ground 5 days Continental US Only ($10)
☐ FedEx/UPS 3rd Day / by 4:30pm ($20)
☐ FedEx/UPS 2nd Day / by 4:30pm **DEFAULT** ($24)
☐ FedEx/UPS 2nd Day / by 12:00pm ($27)
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It is the responsibility of the DEA license holder to notify BSO of ANY changes to his/her license information including: renewal, change of address, abandonment, or authorized personnel.

Belmar™
SELECT OUTSOURCING
FDA Registered 503B Outsourcing Facility

Injectable Testosterone Cypionate Order Form

Fax order to: (877)-267-3409 | Email order to: orders@belmarselectoutsourcing.com

Hours of Operation: Mon-Thurs 8am - 5pm | Fri 8am - 3pm MST
Orders received before 12pm MST will be processed same business day.

Practitioner Name _____ Date _____

Order Submitted by_____ Phone_____

Email for Tracking _____ Date Needed_____

☐ Credit Card on File Ending in _____ ☐ Call for Credit Card For Appt. On _____

**** Injectables must be ordered in sets of 5 vials per concentration. (5, 10, 15)***

Medication	Concentration	Price per Vial	Vial Size	# of Vials
Testosterone Cypionate / Anastrozole (Grapeseed Oil)	200mg/1mg per mL	$36	10mL	
Testosterone Cypionate / Anastrozole (Grapeseed Oil)	200mg/0.5mg per mL	$36	10mL	
Testosterone Cypionate / DHEA (Grapeseed Oil)	200mg/10mg per mL	$34	10mL	

Shipping Options* *No returns, exchanges, or refunds. Shipping times not guaranteed.*

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