

## DMD Pharmaceuticals ID Form

**Required to complete purchase of Ephedrine Plus® and Pseudo Ephedrine Plus®**

**STEP 1: Fill out all the required Customer Information below. Don't forget to include your Order #.**  
If you did not make note of your order number, refer to the confirmation that was sent to your email address.

**STEP 2: Make copies of the 2 forms of identification as instructed at the bottom in Section A and Section B.**

**STEP 3: Sign and email, mail or fax this ID form and the copies of your IDs to:**

**Email:**  
general@dmdpharm.com

**Mail:**  
DMD Pharmaceuticals  
P.O. Box 1055  
Noblesville, IN 46061

**Fax:**  
800-522-2425

If you have questions, please contact an order representative at 800-795-2477 or by emailing general@dmdpharm.com. Please have your order number or any other order details ready.

Thank you for your order!

CUSTOMER INFORMATION		PLEASE PRINT OR TYPE LEGIBLY	
NAME (Required)	HOME ADDRESS		
CITY	STATE	ZIP CODE	
PHONE	BIRTH DATE		
ORDER DATE	ORDER NUMBER (Required)		
SIGNATURE (Required)			

### IDENTIFICATION (NEEDED ONLY FOR EPHEDRINE PLUS® AND PSEUDO EPHEDRINE PLUS® PURCHASES)

TWO (2) FORMS OF IDENTIFICATION MUST BE PRESENTED, ONE FROM SECTION A AND ONE FROM SECTION B. ID ALSO REQUIRED FOR REORDERS. RESIDENTIAL ADDRESS ON DRIVERS LICENSE OR STATE IDENTIFICATION CARD MUST MATCH SHIPPING ADDRESS. WE CANNOT DELIVER TO POST OFFICE BOXES. SHIPMENT PROHIBITED IN SOME STATES. ONLY ONE ACCOUNT ALLOWED PER ADDRESS.

#### Section A.

Examples are:

**DRIVERS LICENSE OR  
STATE IDENTIFICATION CARD  
WITH PHOTO**

**Copies required with every order.**

#### Section B.

Examples are:

**CURRENT UTILITY BILL/  
BANK STATEMENT**  
(must show name and current address  
& must not be over 30 days old)  
**Copies required with every order.**

**DMD Pharmaceuticals**  
P.O. Box 1055, Noblesville, IN 46061  
Ph: 1-800-795-2477 Fax: 1-800-522-2425  
**Online at [dmdpharm.com](http://dmdpharm.com)**