

Kyleena®
(levonorgestrel-releasing
intrauterine system) 19.5 mg

Mirena®
(levonorgestrel-releasing
intrauterine system) 52 mg

Skyla®
(levonorgestrel-releasing
intrauterine system) 13.5 mg



Bayer WHC Support Wholesale Order Form

To Order by Phone: 1-866-647-3646 - option 1

To Order Online: Visit www.whcsupport.com to sign in to ASD's ordering portal.

To Order by Email: asd.customerservice@asdhealthcare.com • To Order by Fax: 1-888-281-8199. All deliveries are via 2nd day

Physician Licensing Information

Licensed Physician Name: _____
State License #: _____ State of License: _____
HIN: _____

Quantity Requested	Kyleena®	Mirena®	Skyla®
Product	Kyleena®	Mirena®	Skyla®
NDC	50419-0424-01	50419-0423-01	50419-0422-01
Quantity	_____	_____	_____
	Please fill out	Please fill out	Please fill out
Cost*/Unit	\$953.51	\$953.51	\$793.96
Purchase Order #	_____	_____	_____
	Please fill out	Please fill out	Please fill out

Kyleena, Mirena and Skyla are eligible for volume discount program.

*Wholesale Acquisition Cost subject to change without notice.

Shipping Information

Facility Name (required): _____
Physician (required): _____
Address: _____
City: _____ State: _____ ZIP Code: _____
Phone Number: _____ Email Address: _____
ASD Account Number (BP#): _____

Bill to Address (Only populate if different from Shipping Information)

Facility Name (required): _____
Physician (required): _____
Address: _____
City: _____ State: _____ ZIP Code: _____ Phone Number: _____

Kyleena: Net 90 Days from Date of Invoice

Mirena: Net 90 Days from Date of Invoice

Skyla: Net 90 Days from Date of Invoice

Bill / Invoice me directly:

Pay by credit card (An ASD Representative will call for credit card information):

Signature Authorization

Please Sign Here

Print Name and Title

Date

