NOVARTIS **METYRAPONE** REQUEST FORM
Questions? 888-669-6682

We are requesting metyrapone (Metopirone) to be used in our outpatient endocrine clinic for evaluation of adrenal insufficiency.

- Patient initials_____
- D.O.B._____
- Requesting metyrapone 250 mg #_____ tablets

SHIP TO

ATTN:_____MD

Division of Endocrinology
Mail Stop 2024
3901 Rainbow Blvd.
KC, KS 66106

SIGNATURE_____

DEA #_____DATE_____THANK YOU!

FAX completed form to 973-781-4476