8119 Zionsville Rd.
Indianapolis, IN 46268

FAX ORDER FORM

1-317-228-2331

Doctor's Name: _____

Shipping Address: _____

City / State / Zip: _____

Phone #: _____

Fax #: _____

State License # _____

DEA #*: _____

*Include state license number only if ordering needles or anesthetics.

Product Name	SKU#	Manufacturer	Quantity	Price Per Unit	Total Cost

Returning Customer? ☐ Use my existing card on file

Credit Card: ☐ Visa ☐ Mastercard ☐ American Express

Credit Card Number: _____

Expiration Date: _____

Sub-Total: _____

Handling Fee*: _____

Sales Tax**: _____

Total Due: _____

* Please add a $4.95 handling fee to any order totalling less than $150.00. Orders over $150.00 please enter $0.00.

** Please add the applicable sales tax only if ordering from the states of Illinois or Indiana.