

3405 SE Crossroads, Drive Suite Q

QUICK ORDER FORM

Grimes, Iowa 50111

Please Fax to 1-515-369-1771

Doctor's Name:	
Shipping Address:	
City / State / Zip:	
Phone #:	
Email:	
State License #	
DEA #*:	

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

Quantity	Product	SKU#	Price Per Unit	Total Cost
Returning Customer? 🛛 Use my existing card on file		Sub-Total:		
Credit Card: 🗌 Visa 🔲 Mastercard 🔲 American Express		Shipping*:		
Credit Card Number:		Sales Tax**:		
Expiration Date:		Total Due:		
3-Digit CVV #:		*Actual shipping cost will be added to orders less than \$100. No handling charges for orders over \$100.		
FREE SHIPPING ON ORDERS OVER \$100		**Please add the applicable sales tax only if ordering from		

the state of Iowa (6%).