PHYSICIANS' RECORD COMPANY ORDER FORM

3000 S. RIDGELAND AVE. BERWYN, ILLINOIS 60402 800-323-9268

FAX THIS FORM TO 708-749-0171

BILL TO	SHIP TO

PURCHASE ORDER NO.
ACCOUNT NUMBER

Contact Name: _____

Phone Number: _____

Are you a new customer? **yes** **no** (if no - please use your account number)

_____ / _____
VISA EXP DATE

_____ / _____
MASTERCARD EXP DATE

_____
NAME ON CARD

_____
SIGNATURE

QUANTITY	FORM NO.	DESCRIPTION	COST	TOTAL
TOTAL - NOT INCLUDING TAXES, SHIPPING & HANDLING:				

COMMENTS: _____