



PRODUCT ORDER FORM

Physician Office Laboratory

Date: P.O. #: Institution: Laboratory Contact Name: Phone: FAX: E-MAIL: Purchasing Contact Name: Phone: FAX: E-MAIL: Accts Payable Phone: Tax exempt ID#, if applicable: Instruments in use:

Table with 5 columns: Order #, Enter quantities below, Description, Price, Total. Rows include items 200-901 and an Order Total row.

Table with 2 columns: BILL TO ADDRESS, SHIP TO ADDRESS. Includes ATTN: fields.

Special shipping instructions, if applicable: Products are normally shipped within 5 - 7 business days from receipt of order.

FAX order to 207-892-2266 or Email order to sales@mainestanadards.com