Order Form
Phlebology & Lymphology

medi

CircAid®

BILL TO		SHIP TO	
	Account Name:		Account Name:
	Address 1:		Address 1:
	Address 2:		Address 2:
	City: State: Zip:		City: State: Zip:

Account Number	Order Date	PO Number	Customer Contact	Customer Telephone

Item # if 4 digit, be sure to complete "Category" column also	Color all orders	Category only use if it is a 4 digit item #	Sizes									Total Units	List Price	Extended Price
			I S (OTC XS)	II M (OTC S)	III L (OTC M)	IV XL (OTC L)	V XXL (OTC XL)	VI (OTC XXL)	VII (OTC 3XL)	VIII (OTC 4XL)	(OTC 5XL)			
Page 1 Totals														
Discount On This Order ONLY												Enter Discount		
Page 1 Total After Discount														

Call: 1-800-633-6334
Fax: 1-888-570-4554

Signature:

PO401RevC