

See address label for your code and id

Source Code: \_\_\_\_\_ Customer Id: \_\_\_\_\_  
 \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Daytime Phone: (        ) \_\_\_\_\_

If Rx required \_\_\_\_\_

I am buying this item on the order of a physician.

YES     NO

Credit Card Information \_\_\_\_\_

Visa         MC            Exp. Date: \_\_\_\_\_  
 Discover    AmEx

Credit Card #: \_\_\_\_\_

Signature: \_\_\_\_\_

Item #	Quantity	Description	Price	Total

Mail to: **EXPRESS**  
 MEDICAL SUPPLY, INC.  
 PO Box 1164  
 Fenton, MO. 63026

Subtotal  
 Under \$95, ADD - \$9.95 Shipping / Handling  
 MISSOURI Residents, please ADD 6.60% Sales Tax  
 Total



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