



A Medical Supply Company

1-800-221-0850

2007 FLU PRE-BOOK FORM

Date _____
Customer Account Number _____

Account Name _____
DEA # _____

DEA # Must be for the shipping address

Shipping Information

Name _____
Address _____

City _____
State _____
Zip _____

Contact Name _____
Contact Phone _____
Contact E-mail _____
PO Number _____

Adult Vials 10 Dose/Vial	_____	Vials	
Pediatric Vials 10 Dose/Vial	_____	Vials	
Adult Pre-Filled Syr 10 Syr/BX	_____	BX	
Pediatric Pre-Filled Syr 10 Syr/BX	_____	BX	
Alcohol Prep Pads 200/BX 20/CS	_____	BX	_____ CS
Sharps Container (Indicate Size)	_____		_____ CS
Syringes 100/BX (Indicate Size)	_____	BX	
Band-aids 100/BX	_____	BX	

Internal Use
WO Number _____

- ***All Pre-books Must Be E-mailed To fluprebook@mmsmedical.com Please put the account name in the subject line.
- ***All Pre-books can be cancelled prior to the order being shipped.
- ***Prior to any orders being shipped out, you will be called to confirm the price as well as a request to send in a PO.
- ***All flu orders are non returnable