ORDER FORM

ITEM #	DESCRIPTION	QUANTITY

PHARMACY NAME:		CONTACT NAME:
ADDRESS:		PHONE:
CITY:		FAX:
PROVINCE:	POSTAL CODE:	EMAIL:
DATE:	WHOLESALER:	ACCOUNT NO.:

Please email or fax the completed order form to us.
orders@pharmasystems.com
fax: 1.888.475.7155

Please note: Shipping charges will be added to each order

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