

NEW PHARMACY RECOMMENDATIONS ORDER FORM

STARTER PACKAGE | ITEM # ORD1

ITEM #	ITEM DESCRIPTION
2998	Filter paper
3002	Graduated glass cylinder 10 ml
3006	Graduated glass cylinder 50 ml
3008	Graduated glass cylinder 100 ml
3016	Weighing paper
3017	Glass stirring rods 8" (3)
3091	Spatula rubber 4"
3042	Spatula stainless steel 4"
3028	Spatula stainless steel 6"
3029	Spatula stainless steel 8"
3030	Funnel (Plastic 55 mm) 2"
3031	Funnel (Plastic 100 mm) 4"
3073	Mortar & Pestle Glass Set 4 oz
3075	Mortar & Pestle Glass Set 8 oz
3076	Mortar Glass 16 oz
3086	Pestle Glass 16 oz
3088	Ointment Pad
3090	Weighing boats plastic 100/pk
VIC-303	EJ Series Electronic Scale, 300 gram capacity
CAL200	200g Calibration Weight
17751	Traceable® Temperature Recorder - Jumbo Display

DELUXE PACKAGE | ITEM # ORD2 (INCLUDES ITEMS FROM ORD1)

ITEM #	ITEM DESCRIPTION
20050-12	Bottles Amber Glass, 50 ml 264/case
200100	Bottles Amber Glass 100 ml 70/case
200200	Bottles Amber Glass 250 ml 96/case
200500	Bottles Amber Glass 500 ml 48/case
2001000-01	Bottle Amber Glass 1L
20020	White Lined Caps, 100/pk (For #20050-12 & 200100)
20022	White Lined Caps, 150/pk (For #200200)
20024	White Lined Caps, 55/pk (For # 200500)
20026	White Lined Caps, 25/pk (For #2001000)
3014	Glass Graduated Cylinder, 250 ml
3015	Glass Graduated Cylinder, 500 ml
3371	Glass Graduated Cylinder, 1000 ml
3098	Glass Ointment Slab, 12 x 12", 1/4" Thick
7782	7 ml Sterile Dropper Bottles With Dropper Caps, 12/case
7784	15 ml Sterile Dropper Bottles With Dropper Caps, 12/case
D-50	Tablet Counting Tray And Spatula
BK-50	Warning Label System & 20 Labels
T1-1	Tape Rx 1" x 36 Yds., 1" Core
T1-3	Tape Rx 1" x 72 Yds., 3" Core
Td1	Tape Dispenser For 1" Wide Tape (1" And 3" Core)
PRP-3	Rx Receipts 100/Pad x 10 Pads
11194	Small Box For Rx Prescription Pads (Each)
10196	Large Box For Rx Prescription Pads (Each)
1976	Rx Prescription Pad File Folder (Double Fold), 100/pk
5272	Anti-Fatigue Mat Ribbed Grey, 3' x 5'

SELECT PACKAGE	SELECT QUANTITY
<input type="checkbox"/> ORD1	<input type="checkbox"/>
<input type="checkbox"/> ORD2 (INCLUDES ITEMS FROM ORD1)	

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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