HALS
Med-Dent
Supply Co., Inc.

PRODUCT ORDER FORM

TOLL FREE FAX: 1-800-705-3299

Or Mail To: 3825 32nd Street ~ San Diego, CA 92104

REMINDER: If this is your first order please enclose a copy of your current Federal DEA Certificate.

PHYSICIAN NAME: **TODAY'S DATE:**

DEA # **EXP DATE:**

ADDRESS:

CITY: **STATE:** **ZIP:**

TELEPHONE **CONTACT PERSON:**
( )

SELECT ONE: ☐ **VISA** ☐ **MASTER CARD** ☐ **AMEX** ☐ **DISCOVER**

CREDIT CARD # _____ **CARD EXPIRATION:** _____

QUANTITY	ITEM #	PRODUCT DESCRIPTION (INCLUDE STRENGTH & SIZE)	UNIT PRICE	EXT. PRICE
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00

✶ Shipments are automatically protected against loss or damage up to $100.00. Based upon the total value of the order, an additional charge of $1.95 for orders amounting $100.01 - $300.00 and $0.65 per each additional $100.00 or fraction thereof.

➢ **A handling charge of $9.95 will be added to all orders totaling less than $1000.00.**

• Hals Med-Dent Supply Co., Inc. pays UPS ground freight charges, *up to 12lbs., on credit card or prepaid orders only, excluding shipments of I.V. and Irrigation Fluids, heavy solutions, excessive weight items and Priority Shipments. For heavy weight items or priority shipping, please call us at **1-800-288-4257**. We will be happy to assist you with these charges.

SELECT SHIPPING METHOD:

☐ **UPS GROUND**
☐ **3 DAY SELECT**
☐ **2 DAY AIR**
☐ **NEXT DAY AIR**
(NEXT DAY BY 10:30AM)

Subtotal	0.00
*** Insurance**	
➢ Handling	
• FREE* Shipping	
TOTAL	

Questions? Call Toll Free 1-800-288-HALS (4257)
Email: sales@halsmeddent.com

Please make checks payable to: **Hals Med-Dent Supply Co., Inc.**

CLEAR PRINT SUBMIT