Mail or Fax to ..

20235 N. Cave Creek rd.
Suite 104-433
Phoenix, AZ 85024

Omega
MEDICAL SUPPLY
OMEGAMEDICALSUPPLY.COM

(480) 538-1141
1-800-485-4006
omegmed@gmail.com
Fax: (609) 429-1358

Customer Order Form

Ship To:

Name: _____

c/o: _____

Address: _____

Apt. or Suite: _____

City: _____**State:** _____**Zip**:_____

Phone: ( )_____**Fax:** ( )_____

Method of Payment

❑ **Check** is enclosed in the amount of $_____

❑ **Credit Card**

❑ Master Card ❑ Visa

Credit Card Number

Exp. Date

		/		

Item #	Item Description	Qty	Color	Size	Unit Price	Total Price
					Subtotal	
		Add shipping costs				
To receive email confirmation of your order, please enter your email address below: _____		**Special instructions**				
					Total	