



ORDER FORM

Date: mm/dd/yyyy		Company Name:		PO #	
Ship To Address:			Bill To Address:	Same	Ordered By:
Street		State	Street		State
City			City		
Zip			Zip Code		
Contact			Contact		
Phone		(xxx-xxx-xxxx)	Phone		(xxx-xxx-xxxx)

[SUBMIT >](#)

CLICK TO PROCESS

Order Notes:	

NEGATIVE PRESSURE WOUND THERAPY	Product Code	PKG	Units	QTY	Shipping	PATIENT
NPWT PUMP	A4-S0003	1	each			
400 cc CANISTER	A4-S00D4	10	box			
SPIRO FOAM DRESSING KIT	XF-SPMK1	10	box			
BRIDGE DRESSING KIT	XF-BKMF1	10	box			
MEDIUM THICK FOAM KIT (18 x 12.5 x 3.3 cm)	XF-DMDF1	10	box			
MEDIUM THIN FOAM KIT (15 x 10 x 2 cm)	XF-DMDF1-T	10	box			
LARGE THICK FOAM KIT (26 x 15x 3.3 cm)	XF-DLGF1	10	box			
Y CONNECTOR	A4-S00Y2	5	pack			
DRAPE	XF-DLGF1-T	10	pack			
PORT PAD	XP-1012	10	pack			
WHITE PVA FOAM (10 x 15 x 1 cm)	XF-PVAFOAM1	5	pack			
VARITY PACK (3 medium thin, 3 medium thick, 3 Spiro, 3 Bridge)		12	box			

REQUEST	PUMP #	NEW/ PREVIOUS PATIENT
NEW PATIENT		
PLACE ON STANDBY		
RETURN TO TABOR		

- ORDER FORM DIRECTIONS:
1. Fill out the highlighted fields with the items you wish to order.
 2. Click File - Save As - to save your order for your records.
 3. Click Submit Button - this will open your email account.
 4. Outline any additional information in the body of the email.
 5. Send your email or fax for order processing to **success@tabormedical.com** or **fax to 888-988-2267**

