



4400 Broadway, Suite 116, Kansas City, MO 64111
 Phone: 816.931.8682 Fax: 816.931.1056
 orders@albersmedical.com

Med Sun Order Form

To order, fax the completed order form to 816-931-1056 or call 800-639-0070. Shipping and Handling will be added to your order when your order is processed.

Item #	Description	Unit Price	Qty	Total
30001	7-Day Organizer	1.10		
30002	7-Day Organizer Deep Well	1.80		
30003	7-Day Compact w/Alarm	3.20		
30005	Large Seven Day Organizer	1.70		
30006	Inhaler Wallet	2.34		
30007	28 Day Fast Fill Organizer	3.50		
30012	7-Day Organizers Two Pack	1.99		
30013	14 Day Med Tray	1.99		
30014	7 Day Compact Organizer	2.75		
30015	Prescription Bottle Wallet Organizer	3.25		
30016	28-Day Bi-fold Organizer	6.23		
30019	Medicine Spoon	1.39		
30020	Medicine Dropper	1.35		
30021	Spoon/Dropper Combo	1.46		
30023	Deluxe Cutter/Crusher	3.00		
30024	Four Dose Daily Organizer	1.55		
30025	7-Day Capsule Organizer	2.15		
30027	7-Day Wallet Organizer	4.79		
30030	AM/PM Organizer	0.81		
Package A	Value Package - 42 pcs	\$85.76		
Package B	Value Package - 75 pcs	\$162.83		
Package C	Value Package - 90 pcs	\$204.37		
Subtotal				
S & H				
Total				

Customer Information

Name: _____ Purchase Order: _____ Date: _____

Billing Address: _____

Shipping Address: _____

Phone: _____ Fax: _____

E-mail: _____

Credit Card #: _____ Exp: _____ CVV/CID: _____

Name on Card: _____

Authorized Signature: _____