

# PROMETHEAN MEDICAL TECHNOLOGIES, LLC.

## FAX ORDER FORM

Date:

FAX to: (800) 560.2716 or (651) 531.1115

www.prometheanmedical.com

Facility Name:

Contact:

Contact Phone:

Purchase Order Number:

Billing Address:

Shipping Address:


Shipping Method (check one):

Surface	<input type="checkbox"/>
2nd Day	<input type="checkbox"/>
Overnight	<input type="checkbox"/>

### ORDER DETAILS

Model	Order Quantity	Optional Drape? (check if desired)
4400 (8 /case)		
6200 (5 /case)		
8200 (5 /case)		

Comments:

--