



AYG
MEDICAL
SERVICES

POWERED BY



NEW CLIENT INTEREST FORM

PLEASE FILL OUT THE INFORMATION COMPLETELY AND SEND BACK TO YOUR ACCOUNT REPRESENTATIVE. YOU SHOULD RECEIVE A CONFIRMATION EMAIL WITHIN 24 HOURS

FULL NAME:

MAILING ADDRESS:

CITY/STATE/ZIP:

PHONE NUMBER:

EMAIL ADDRESS:

HOW DID YOU FIND US:

WHAT ARE YOU
INTERESTED IN?

COVID-19 TESTS ANTIGEN ANTIBODY

OTHER TESTING SERVICES

HORMONE REPLACEMENT THERAPY

IMMUNOTHERAPY

IV TREATMENT

LAB & TOXICOLOGY SERVICES

SPECIALTY PHARMACY SERVICES

SPECIAL REQUEST:

MASKS

PPE

SCHEDULE TIMELINE

ONE TIME ONLY

EVERY WEEK

EVERY MONTH

SPECIAL SCHEDULE

KINDLY FILL OUT ALL SECTIONS AND RETURN TO INFO@AYGMEDICALSERVICES
OR YOUR ACCOUNT REPRESENTATIVE FOR FUTURE DETAILS.

SALES@AYGMEDICALSERVICES.COM | WWW.AYGMEDICALSERVICES.COM