## Occupational & Travel Medicine Supplies
### Order Form
Fax, Email or Mail Your Order

<table>
<thead>
<tr>
<th>Item Description</th>
<th>Pack Quantity</th>
<th>Unit Price</th>
<th>Sub-Total ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol Testing Forms – DOT – Pack of 100 for $34.99</td>
<td>Number Packs</td>
<td>$34.99</td>
<td></td>
</tr>
<tr>
<td>Alcohol Testing Forms – NON-DOT – Pack of 100 for $34.99</td>
<td>Number Packs</td>
<td>$34.99</td>
<td></td>
</tr>
<tr>
<td>DOT Medical Examination Report – Pack of 50</td>
<td>Number Packs</td>
<td>$49.99</td>
<td></td>
</tr>
<tr>
<td>DOT Medical Examiner’s Certificate – Pack of 50</td>
<td>Number Packs</td>
<td>$24.99</td>
<td></td>
</tr>
<tr>
<td>DOT Insulin-Treated Diabetes Mellitus Assessment Forms – Pack of 25</td>
<td>Number Packs</td>
<td>$19.99</td>
<td></td>
</tr>
<tr>
<td>Clear Vinyl Covers for DOT Certificates - Pack of 50 for $19.99</td>
<td>Number Packs</td>
<td>$19.99</td>
<td></td>
</tr>
<tr>
<td>International Certificate of Vaccination – Pack of 100 for $49.99</td>
<td>Number Packs</td>
<td>$49.99</td>
<td></td>
</tr>
</tbody>
</table>

**Shipping Information**

- **Check if Shipping & Billing Information are the same**
- **Company Name**
- **Street**
- **City/ST/Zip**
- **Contact Name**
- **Telephone**
- **Contact Email Address**

**Billing Information**

- **Contact Name/Phone**
- **Street**
- **City/ST/Zip**

**Shipping Option (choose one):**
- Ground (5–7 day delivery)
- Priority (2–4 day delivery)

All invoices are due within 30 days of delivery. Purchase Order #___________

Shipping & handling charges will be added to the invoice. Prices valid thru 3/31/20. Form – 02

**Occupational & Travel Medicine Supplies, LLC**

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