

# MeDiCa

Name: \_\_\_\_\_  
Institution: \_\_\_\_\_  
MeDiCa Account # \_\_\_\_\_  
Tel number: \_\_\_\_\_  
Fax number: \_\_\_\_\_  
Email address: \_\_\_\_\_  
Billing Address \_\_\_\_\_  
\_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_  
Country \_\_\_\_\_ Postal code \_\_\_\_\_  
Shipping Address \_\_\_\_\_  
\_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_  
Country \_\_\_\_\_ Postal code \_\_\_\_\_  
Purchase order # \_\_\_\_\_

Quantity	Catalog #	Item description	Price

Custom specifications: \_\_\_\_\_  
\_\_\_\_\_

Requested delivery date: \_\_\_\_\_  
\_\_\_\_\_

Requested shipping method: \_\_\_\_\_  
\_\_\_\_\_

Send order confirmation to Attn.: \_\_\_\_\_

Via: \_\_\_\_\_

Submit to: [medica@medica-dx.com](mailto:medica@medica-dx.com) or fax: (760) 634-5442 or phone: (760) 634-5440 or (800) 845-6496 (US only)