

Impax

Order Form

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|---------------------|-----------------|
| Requesting Provider | Provider Phone |
| Email | Order Date |
| Patient Name | Date of Service |
| Shipping Address | |

Impax Ordering Information

| PRODUCT NUMBER | DESCRIPTION | INVOICE PRICE | QUANTITY |
|----------------|---------------------|---------------|----------|
| IMP-0202 | Impax 2x2cm (Q4262) | | |
| IMP-0203 | Impax 2x3cm (Q4262) | | |
| IMP-0404 | Impax 4x4cm (Q4262) | | |
| IMP-0406 | Impax 4x6cm (Q4262) | | |
| IMP-0408 | Impax 4x8cm (Q4262) | | |

Email form to CustomerService@LegacyMedicalConsultants.com

Order & Customer Support Contact Details

Phone: (817) 961-1288 | Fax: (866) 300-0431
www.legacymedicalconsultants.com | customerservice@legacymedicalconsultants.com