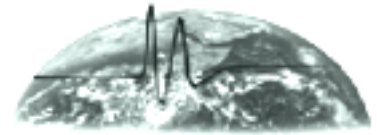


Flu Vaccine Order Form

2009-2010 Season



Nationwide Medical / Surgical, Inc.

14141 Covello Street, 6C • Van Nuys, CA 91405

www.nationwidemedical.net

Flu Order Form

*** Fax Completed Form To: 818-997-8850 ***

Nationwide Medical/Surgical, Inc.

To order by phone: 800-997-8846

Please fill in form completely.

Please open a New Account for our facility

Name: _____
Please Print

Title: _____

Telephone: _____ Fax: _____

Ship To Address:

Name: _____

Address: _____

City, St, Zip _____

PRODUCT DESCRIPTION	Quantity	Price	Total Cost
Flulaval® (GlaxoSmithKlein) Indicated for persons 18 years of age and older (5ml Multi-dose vial)	# of _____ Vials	Pending	
Fluvirin® (Novartis) Indicated for persons 4 years of age and older (5ml multi-dose vials)	# of _____ Vials	Pending	
Afluria® (CSL) Indicated for persons 18 years of age and older (Box of 10 pre-filled syringes - 0.5ml)	# of _____ Vials	Pending	
Pneumovax® 23 (Merck) (2.5ml multi-dose vials)	# of _____ Vials	Pending	
1cc TB Syringe (Becton Dickinson) 25g x 5/8 inch Needle (100/box - mfg # 309626)	# Boxes of 100 _____	Pending	

X

Customer Signature (Required)

Date

A copy of a DEA Registration, State Physician License or a State Pharmacy License is required to be on file with **Nationwide Medical/Surgical** before your order can be shipped. **Nationwide Medical/Surgical** ships based on availability from the manufacturer. **Nationwide Medical/Surgical** will not be held liable for delays or product storage. In no event shall **Nationwidemedical/Surgical** be liable to customers for incidental, special or consequential damages from any cause, including without limitation, damages resulting from any unavailability of, defect in, or misshipment of products.