



CRITICAL CARE SOLUTIONS

TOLL FREE 866.417.9504 | WWW.CRITICALCARESOLUTIONS.COM

PHONE 916.226.6053 | FAX 916.367.6765 | P.O. BOX 1279, Walnut Grove, CA 95690

ORDER DATE: _____

Quantity:	Description:	Price Each:	Amount:
	Emergency Medical Kit for the Dental Office	\$535	

SHIPPING COST: \$15.00

TOTAL: \$

COMPANY INFORMATION:

Company Name: _____

Contact: _____

Company Phone: _____ - _____ - _____ Fax: _____ - _____ - _____

Email Address: _____

BILLING ADDRESS:

Street: _____

City: _____ State: _____ Zip Code: _____

SHIPPING ADDRESS:

Use billing address

Street: _____

City: _____ State: _____ Zip Code: _____

PAYMENT INFORMATION:

PAY BY CHECK:

- * When paying by check please wait for order confirmation before sending payment.
- * Orders will not be shipped until payment is received.

Please make check payable to: Critical Care Solutions

MAIL TO:
Critical Care Solutions
PO Box 1279
Walnut Grove, CA 95690

PAY BY CREDIT CARD:

Name (as appears on card): _____

Credit Card Type:   

Card #: _____ - _____ - _____ - _____ Exp. Date: ____ / ____

Signature: _____

- * Order confirmation will be sent by fax or email.
- * All products are shipped UPS Ground unless different shipping arrangements are requested.
- * Additional shipping fees will apply when shipping more than one medical kit.

SPECIAL INSTRUCTIONS:

Please fax or mail to:
916-367-6765

Critical Care Solutions
PO Box 1279
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