

FOR YOUR PRACTICE

Laboratory supply order

Complete the fields below and send your request to APS.

SALES REPRESENTATIVE

SALES DISTRIBUTOR

CLINIC / PHYSICIAN NAME

SEND-TO ADDRESS

SEND SUPPLIES TO

☐ Physician

☐ Representative

PHYSICIAN SPECIALTY

☐ Podiatry

☐ Derm

☐ GI

☐ Neurology

☐ Urology

OTHER SPECIALTY

SUPPLIES REQUESTED	QUANTITY
☐ Formalin	<input type="text"/>
☐ Podiatry Bottles	<input type="text"/>
☐ ENFD kits	<input type="text"/>
☐ Specimen Bags	<input type="text"/>
☐ Fedex Bags	<input type="text"/>
☐ Fedex Shipping Labels	<input type="text"/>
☐ Requisition Forms	<input type="text"/>

SPECIAL NOTES

RETURN TO APS / Fax 501-225-1401 / orders@apaths.net