



APS Supplies Order Form

Sales Rep: _____

Sales Distributor: _____

Clinic/Physician Name: _____

Send supplies to: ☐ Physician ☐ Rep

Address: _____

Physician Specialty:

☐ Podiatry

☐ Derm

☐ GI

☐ Neurology

☐ Urology

☐ Other _____

Check supplies requested below

X	Supplies	Quantity
	Formalin	
	Podiatry Bottles	
	ENFD kits	
	Specimen Bags	
	Fedex Bags	
	Fedex Shipping Labels	
	Requisition Forms	

Special Notes: _____

Please fax to 501-225-1401 or email to orders@apaths.net