



**Non-Covered Order Sheet**

Toll Free: 800.604.6068 Local: 610.876.6068 Fax: 800.599.5560

**Patient Demographics**

Name \_\_\_\_\_

DOB \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

**Payment Information**

Credit Card:

Name: \_\_\_\_\_

Card # \_\_\_\_\_ Exp: \_\_\_\_\_

Signature: \_\_\_\_\_

Comments:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

<u>Non Covered Price List</u>	<u>Pricing</u>	<u>Quantity</u>
<input type="checkbox"/> Attrac-Tain Cream	\$20/tube	_____
<input type="checkbox"/> Barrier Cream	\$20/tube	_____
<input type="checkbox"/> Baza Antifungal	\$20/tube	_____
<input type="checkbox"/> Blairex Wound Wash Saline	\$10/ 6oz can	_____
<input type="checkbox"/> Critic Aid Clear Antifungal	\$20/tube	_____
<input type="checkbox"/> Critic Aid Clear	\$20/tube	_____
<input type="checkbox"/> Dermacyn 8 oz	\$18/bottle	_____
<input type="checkbox"/> Dermacyn 16.91 oz	\$35bottle	_____
<input type="checkbox"/> Gloves (Non-Medic aids)	\$8/box	_____
<input type="checkbox"/> Skin Cleanser	\$20/bottle	_____
<input type="checkbox"/> Skin Prep Wipes	\$15/100	_____
<input type="checkbox"/> Sureprep No-Sting Wipes	\$27/box 50	_____
<input type="checkbox"/> Sween 24	\$20/tube	_____
<input type="checkbox"/> Sween Cream	\$20/tube	_____
<b>Total</b>		_____