



**NON-CONTRACT ORDER
FAX-FORM™
(305) 567-1043 (800) 392-9490**

ORDER DATE: _____, 20____ Customer. NO.: _____

MS-01

NAME: _____ DEA#: _____

ORDERED BY: _____ **TEL:** _____ **FAX:** _____

P.O. # _____ **E-MAIL** _____

BILL TO: _____
ATTN: _____

SHIP TO: _____

SHIP TO TEL: () _____

SHIP TO FAX: () _____

SHIP TO Email: _____

If paying by credit card, please complete the following:

Card Number															
Expiration Date								Security Code							
CardHolder Signature															
Daytime Phone: () _____															
<input type="checkbox"/> VISA®				<input type="checkbox"/> MASTERCARD®											

<u>PRODUCT</u>	<u>UNIT PRICE</u>	<u>QUANTITY ORDERED</u>	<u>EXTENDED PRICE</u>
ORAL TYPHOID VIVOTIF® Vaccine 4 CAPS/PACK NDC# 58337-0003-1	\$39.00		
SHIPPING/HANDLING \$10.00 (FOR LESS THAN 10 PACKS)			\$ _____
FREIGHT (RATES BASED UPON WEIGHT & ZONES)			\$ N/A
I AM A MEMBER OF THE FOLLOWING GROUP PURCHASING ORGANIZATION _____		TOTAL	\$ _____

By placing this order WITHOUT indicating any group membership, pricing & terms of this order take precedence

WOULD LIKE TO RECEIVE "REMEMBER" Stickers WITH ORDER? _____
(SPECIFY QUANTITY)

BERNA TO CONFIRM RECEIPT OF FAX ORDER YES NO

INSURANCE CODES	
CPT: 90471- Vaccine Administration	IDC-9: V03.1- Vaccination with typhoid vaccine
90690- Vivotif (Typhoid Vaccine Live Oral Ty21a)	

INSTRUCTIONS FOR COMPLETING THE ORDER FAX-FORM™

1. **ORDER DATE:** INSERT THE DATE THE ORDER IS PLACED (PLEASE NOTE THAT ORDRS PLACED ON FRIDAY WILL BE SHIPPED THE FOLLOWING MONDAY)
 2. **NAME:** INSERT THE NAME OF THE ORGANIZATION THAT WILL RECEIVE THE INVOICE
 3. **DEA #:** INSERT THE CURRENT DEA NUMBER (OR LICENSE NUMBER) ON FILE. PLEASE NOTIFY US IF THE DEA/LICENSE NUMBER HAS CHANGED OR IF THE NUMBER REFLECTS AN ADDITION.
 4. **BERNA CUST. NO.:** INSERT CRUCCELL VACCINES CUSTOMER NUMBER (IF KNOWN)
 5. **ORDERED BY:** INSERT THE INDIVIDUALS NAME PLACING THE ORDER (THE INFORMATION IS REQUIRED FOR ANY FOLLOW UP PURPOSES)
 6. **TEL/FAX:** INSERT TELEPHONE AND FAX NUMBERS FROM WHERE THE ORER ORIGINATES
 7. **E-MAIL:** INSERT THE E-MAIL ADDRESS OF THE PERSON ORDERING IN THE EVENT THAT WE NEED TO COMMUNICATE INFORMATION ABOUT THE ORDER IF THE PHONE OR FAX IS BUSY.
 8. **BILL TO:** BILL TO INCLUDING THE ATTENTION SHOULD REFLECT THE ADDRESS FROM WHERE THE INVOICE WILL BE PAID
 9. **CREDIT CARD ORDERS:** THE CREDIT CARD INFORMATION SHOULD BE COMPLETED FOR USING VISA®, MASTER CARD®. (**NOTE:** IF YOU PLAN TO ORDER VIA CREDIT ON A CONTINUOUS BASIS, PLEASE NOTE ON THE RIGHT MARGIN TO RETAIN THE INFORMATION IN OUR SYSTEM.)
 10. **SHIP TO:** INSERT THE ACTUAL ADDRESS TO WHERE THE VACCINES WILL BE SHIPPED. IF THE TELEPHONE AND FAX ARE DIFFERENT THAN THE ORDERING LOCATION, PLEASE PROVIDE THE NUMBERS FOR FOLLOW UP PURPOSES. THE E-MAIL SHOULD REFLECT THE INDIVIDUAL WHO WILL BE RECEIVING THE SHIPMENT.
 11. **QUANTITY ORDERED:** INSERT THE QUANTITY OF VACCINES DESIRED. (ONE PACKAGE CONTAINS FOUR CAPSULES. EACH CAPSULE REPRESENTS ONE DOSE)
 12. **EXTENDED PRICE:** INSERT THE EXTENDED PRICE.
 13. **TOTAL:** PLEASE COMPUTE THE TOTAL PRICE OF THE ORDER. (SHOULD YOUR ORDER BE LESS THAN THE MINIMUM, PLEASE ADD \$10 FOR SHIPPING/HANDLING).
 14. **Group Purchasing Organization:** PLEASE INSERT THE PURCHASING BUYING GROUP TO WHICH YOUR ORGANIZATION IS A MEMBER. i.e. AMERINET, PREMIER, MHA, etc.
- IF YOU DO NOT KNOW IF YOU ARE ELIGIBLE FOR DISCOUNT PRICING, PLEASE CALL CONTRACTS DEPT AT (800) 533-5899**
15. **REMEMBER STICKERS:** PLEASE INSERT THE NUMBER OF "REMEMBER" STICKERS YOU WOULD LIKE TO RECEIVE WITH YOUR ORDER. (THIS NUMBER SHOULD REFLECT THE NUMBER OF VACCINE PACKS ORDERED).
 16. **ORDER CONFIRMATION:** PLEASE INDICATE YOUR DESIRE TO HAVE BERNA CONFIRM VIA PHONE THE ORDER. (WE SUGGEST YOU ALWAYS CHECK THE "YES" BOX TO ASSURE ACCURACY AND RESOLVE ANY QUESTIONS).