



12 Panel CLIA waived Amedicheck Cup Order Form

ACCOUNT INFORMATION

PRACTICE/FACILITY NAME

CONTACT NAME

SHIPPING ADDRESS

SHIP TO

PHONE#

ADDRESS 1

Residential Address

ADDRESS 2

Business Address

CITY

STATE

ZIP CODE

PRODUCT	PART #	PRICE	QUANTITY
Amedicheck 12 Panel Cup	C-C1202A	\$4.00/cup	

*12 Panel TCup : THC, COC, OPI, AMP, mAMP, BZO, PCP, TCA, BAR, XTC, OXY, MTD

BILLING ADDRESS

ADDRESS 1

ADDRESS 2

CITY

STATE

ZIP CODE

Credit Card # _____

Cardholder Name (Person): _____

Exp: MM/YY _____

Card Billing Address: _____

CCV# _____

City, State, Zip: _____

Signature: _____