Metairie Medical

Durable Medical Equipment

3350 Ridgelake Drive, Suite 273
Metairie, LA 70002
Submit orders to: george.bolaris@metairiemedical.com

ORDER FORM

Date of Order	
Order Number	
PO #	
Patient ID	

CUSTOMER INFORMATION

Account Name		**Distributor**	
Contact Name		**Distributor Contact**	
Contact Email		**Distributor Number**	
Contact Number		**Sales Rep**	

ORDER ITEMS

Quantity	Description	Unit Price	Amount

Billing

- ☐ Time of Order
- ☐ 30-Day Net Terms
- ☐ Charge CC
- ☐ ACH

Sub-Total:	
Discount:	
Total:	

SHIPPING METHOD

FedEx Standard Overnight (24-Hour Delivery)

☐ Signature Required

Facility or Office		**Authorization**	
Ship to Address		**Authorized Signature**	
Address 2		**Date**	
City			
State		**Zip**	

Notes