



Pre-Booking Flu Vaccine Order Form 2018-2019

***** Fax Completed Form To: 440-871-1722 OR Email Form to tonyv@pdmhealthcare.com *****
PDM Healthcare - 440-871-1721 x228

Please complete form

Company Name: _____
 Contact Name: _____
 Address: _____
 City, State, Zip _____
 Telephone: _____ Fax: _____
 E-mail: _____

DEA #		Expiry	
State License		Expiry	

PRODUCT DESCRIPTION	Price/Dose	Doses/Bx	Quantity	Price/Box	Total Cost
Afluria QIV PFS	\$14.825	10	# of Boxes _____	\$148.25	
Flucelvax QIV PFS	\$14.825	10	# of Boxes _____	\$148.25	
Afluria QIV MDV	\$13.809	10	# of Boxes _____	\$138.09	
Flucelvax QIV MDV	\$13.809	10	# of Boxes _____	\$138.09	
Fluad	\$42.016	10	# of Boxes _____	\$420.16	
Totals					

Prices exclude Federal Excise Tax (FET) or other taxes or assessments

X _____
Customer Signature (Required) **Date**

I have ordered the above quantity and agree to the terms. A copy of a DEA Registration, State Physician License or a State Pharmacy License is required to be on file with PDM Healthcare and Seqirus, a CSL Company before your order can be shipped. PDM Healthcare will not be held liable for delays or product shortage.

Terms and Conditions

Price (QIV and Fluad) requires documented expression of demand by 4/15/18
 20% Returnability
 Prompt Payment Discount - Members that satisfy the following payment terms 2% 60 net 61 Days
 50% Delivery by 8/31/18, 100% by 10/15/18