



ORDER FORM

PLEASE TYPE OR PRINT CLEARLY				
Name				
Company				
Street				
City		State		Zip
Phone		Specialty		
Email				

- Enter the item #, brief description, quantity, price and amount (price x quantity) for each item ordered.
- If you are ordering more than three (3) units of any product, please call **1-800-MED-SHOP** to see if you qualify for discounts before completing the form.
- Add sales tax of 7. % if you are located in California and 8.25% if you are located in Illinois.
- If paying by credit card, enter the information below and submit your order via email or fax.
- If paying by check, attach your check to the order form and mail to the address below.

Item #	Description	Quantity	Price	Amount
21502	CPT PLUS! 2015		89.95	
21521	ICD-9-CM 2015 OFFICE EDITION		84.95	
21522	ICD-9-CM 2015 HOSPITAL/PAYER EDITION		94.95	
21537	HCPCS 2015		74.95	
21508	ICD-10-CM 2015		99.95	
21511	ICD-10-CM 2015 MAPPING		99.95	

FOR CREDIT REQUESTS PLEASE CALL 1-800-MED-SHOP



Order Total	
Sales Tax (CA and IL Only)	
Shipping	12.95
Amount Due	

Credit card number		Expires	
Name on the card			

EMAIL TO: order.processing@pmiconline.com

FAX TO: 1-800-633-6556

MAIL TO: PMIC Order Processing
4727 Wilshire Boulevard #300
Los Angeles, CA 90010

THANK YOU FOR YOUR ORDER

YOUR ORDER IS RISK-FREE WITH OUR 30-DAY RETURN PRIVILEGE