

PARAGARD[®] T 380A Order Form



Company Name: _____

PARAGARD Direct™ Account Number: _____

Ship-to Address (required): _____

City: _____ State: _____ ZIP: _____

Special Delivery Instructions/Attn To: _____

Contact Name: _____ Email: _____

Phone: _____ Fax: _____

Send Proforma Invoice to Customer (Check box if customer needs a proforma invoice.)

ITEM NUMBER	PRODUCT	DESCRIPTION	QUANTITY
28549	PARAGARD [®] T 380A	Box of 1 (NDC 51285-0204-01)	

Credit Card Security Code (required if pre-pay): _____

Purchase Order Number: _____

Name (please print): _____

Signature (required): _____ Date: _____

All orders ship UPS Ground. Please contact your Customer Service Representative for other delivery options.
Please note that state and local sales taxes apply in certain states.

Please fax completed form to 1-800-299-8332, or you may email it to paragard@icsconnect.com.

Place your next order online at www.PARAGARDDirect.com.