

Order Form

International Pharmaceutical Services

3 W 37th Ave., Suite 23 • San Mateo, CA 94403 • USA • Tel: + 1 (650) 573-6200 • Fax: + 1 (650) 573-6400 • www.internationalpharmacy.com

Personal Information (in English):

Name: _____

Address: _____

Telephone: _____

Fax: _____

Email: _____

Shipping Information (in English):

Name: _____

Address: _____

Telephone: _____

Fax: _____

Email: _____

Item Description (in English)	Price	Quantity	Total

Choose a shipping method:

International Priority Mail (via FedEx): US\$72.00
US Postal Service Express Mail International (EMI): US\$33.00
Registered First Class Mail International: US\$18.25
First Class Mail International: US\$8.10
Shipping and Handling for Refrigerated items: US\$150.00

Subtotal

If you would like to buy IPS insurance add 3% of Subtotal here:

Enter shipping cost here

Total

Credit Card Information:

Type Of Credit Card: _____

Card number: _____

Expiration Date (Month/Year): _____ Security Code: _____

Special Instructions:

To submit your order, fax or mail us this completed Order Form. Payment in form of check or money order in US Dollar made out to IPS is acceptable. Fax orders to: + 1 (650) 573-6400. Mail orders to our address indicated on top of this form.

Purchaser certifies that all items are being purchased for personal use under supervision of a local Physician:

Signature: _____ Date: _____