Fax Order Form
Use this form when making orders via fax to (330) 753-5017
Questions? Call (330) 753-8383

Your Name: _____   Phone Number: _____
Date: _____ / _____ / _____   _____ : _____ AM PM

Customer Name: _____   Department: _____

Address: _____   Floor: _____

City: _____ Zip: _____

E-mail Address: _____@ _____

Special Instructions: _____

ORDER TYPE: □ DELIVER TO MY LOCATION (WHOLE CONTAINER)
1. _____ 2._____ 3._____ 4._____

5. _____ 6._____ 7._____ 8._____

9. _____ 10. _____
              * Write the Allied Record Centre Code or Customer box number on the line

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ORDER TYPE: □ DELIVER TO MY LOCATION (FILE FOLDER)
     PATIENT NAME   MED. REC. NUMBER   DATE OF BITH   CONTAINER NUMBER

_____   _____   _____   _____

_____   _____   _____   _____

_____   _____   _____   _____

ORDER TYPE: □ PICK-UP AT MY LOCATION
DESCRIPTION   QUANTITY   CONTAINER TYPE (SIZE)

Container/Box   _____   _____

File Folders   _____

ORDER TYPE: □ SUPPLIES
QUANTITY   SUPPLY DESCRIPTION   QUANTITY   SUPPLY DESCRIPTION
_____   M15 (12"X16"X10")   _____   Barcodes
_____   M2 (10"X18"X16")   _____   Transmittal Forms

FOR ALLIED RECORD CENTRE USE ONLY   ARC Initials_____

WORK ORDER NUMBER _____   _____ / _____ / _____   _____ : _____ AM PM