



**Warfarin Flip Chart (F181)
Patient Information Card (F194)
Order Form**

Name: _____

Position: _____

Department: _____

Email Address: _____ **Phone:** _____

Delivery Details: _____

Invoice Details: _____

Freight Charges to be advised on receipt of order.

Warfarin Flipchart (F181)

Number Required: _____ @ \$30.00 Each (Excl GST)

Warfarin Patient Information Cards (F194)

Number Required: _____ @ \$70.00 per pack of 100 (Excl GST)

Total: \$ _____

Send order form to:

Don Merrington

Print Consultants Limited

Unit 10, 47-53 Ash Road, Manukau

PO Box 97158, SAMC, Auckland, 2240

Tel: 09 262-6240 Mob: 021-465-603

Fax: 09 262-1078

Email: don@printc.co.nz