



Order Form

Ship To:

Name: _____
 Organization/Agency: _____
 Address: _____
 City/Zip: _____
 Telephone: _____

Billing - all "billing" must be pre-approved

Name: _____
 Organization/Agency: _____
 Address: _____
 City/Zip: _____
 Telephone: _____

Payment: Provider Check Patient Check Purchase Order (# _____)

All orders must be pre-paid or accompanied by a purchase order. Fax orders will only be processed if accompanied by a purchase order.

Quantity	Description	Unit Price	Total
<i>Patient Care & Provider Supplies</i>			
	Comfort One Patient Information Form Packet <i>(25 Forms per Packet with Envelopes)</i>	\$17.50	
	Patient Identification Bracelet <i>(one size)</i>	\$21.00	
	Patient/Family Information Brochures <i>Pack of 25 - (limit 2 free packs)</i>	No Charge	
	Patient/Family Information Brochures <i>Pack of 25 (for orders greater than 50)</i>	\$10.00	
<i>Emergency Medical Services Training Materials</i>			
	EMS Student Workbook	\$3.00	
	EMS Instructor Set <i>(Available only to Comfort One Certified Instructors Only)</i>	\$75.00	
Total Amount Due			

- **Shipping is included in the prices indicated above**
- **Telephone orders will not be accepted**
- **Allow 10-15 business days for shipping**
- **Forms and/or bracelets must be ordered by and shipped to a health care provider. Comfort One will not ship forms or bracelets directly to patients.**

Mail Order Form And Payment to:	Comfort One PO Box 5119 Helena, MT 59604-5119	Phone: 406/442-1911 Fax: 406/443-3894
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