

# “MEDICAL RECORD FORMS” ORDER FORM

Virginia Office of Emergency Medical Services  
State Contract # E-194-1258

**Contract Vendor:**



4109 Jacque Street  
Richmond, VA 23230  
Phone: 804-612-6151  
Fax: 804-359-4906

**Contact Person:**

Marie Martin  
vans@vansprintingservices.com

<b>DATE:</b>			
<b>AGENCY NAME:</b>			
<b>CONTACT NAME:</b>			
<b>EMAIL ADDRESS:</b>			
<b>PHONE NUMBER:</b>			
<b>FAX NUMBER:</b>			
<b>SHIP TO ADDRESS:</b>	Business <input type="checkbox"/> Residential <input type="checkbox"/>		
<b>BILL TO ADDRESS:</b>	(If different from ship to address)		
DESCRIPTION	QUANTITY	UNIT COST	TOTAL COST
<b>Emergency Medical Services Medical Record Forms</b> 400 Forms Per Package Minimum Order 1 Package	<hr style="width: 50%; margin: 0 auto;"/> TOTAL # OF PACKAGES Minimum Order 1 Package	\$50.40 Cost Per Package	\$ _____ # OF PACKAGES X \$50.40

- Vans Printing Services will bill you direct for these forms.
- Delivery charges are included in the unit cost. Your order will be shipped via Regular UPS Ground Service. Allow 3-5 work days for delivery.
- If expedited delivery service is required, contact vendor for additional shipping charges for Next Day Air or 2nd Day Air Service.