

# Physician Order

Team Account Number		Your reference		Date	
Dr's Name		Contact Name			
Medical Centre/ Company Name					
Building/Shop		Street			
Suburb		State		Postcode	
Delivery Instructions Opening Hours/Days					
Phone		Mobile		Fax	
E-mail					
Authorised by (Name & Signature)		Position			

	CODE	QUANTITY	DESCRIPTION	UNIT	PRICE
1					
2					
3					
4					
5					
6					
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10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
TEAM MEDICAL SUPPLIES IS AN INDEPENDENT AUSTRALIAN COMPANY				FREIGHT	
PAY BY VISA, MASTERCARD OR AMEX - NO CREDIT CARD FEES				(Excluding GST) TOTAL	