



Pro Med Sales, Inc.
5022 B U Bowman Dr.
Suite 700
Buford, GA 30518
678.714.5341

Reusable Gown
Order Form

Name: _____

Address: _____

Phone: _____

Email: _____

Quantity (\$25 each): _____

Credit Card –

VISA Mastercard AMEX

Number: _____

Expiration Date: _____

Security Code: _____

By signing below you are authorizing Pro Med Sales, Inc. to process the above order and charge your credit card for the 50% deposit.

Signature: _____

Date: _____

Please return the completed form to allison.gober@promedsales.biz