



**The PRS Retail Pharmacy
DMEPOS ACCREDITATION PREP PROGRAM
(DAPP)**



ORDER FORM

Please fax completed order form with payment information to 724-539-1388
or mail with check payment to PRS, Inc, PO Box 852, Latrobe, PA 15650

Pharmacy Name _____

Contact Name _____

Physical Address _____

Mailing Address (if same, leave blank) _____

City State Zip _____

Phone _____ Fax _____

Email _____

Pharmacy Affiliation Name _____
(If your pharmacy is a member of a buying group or association, please enter name above.)

Release Price \$1297.00

Cost \$1297.00 x _____ (# of stores) = _____

Shipping via FedEx 2 day= \$24.95

PA Pharmacies add 6% Sales Tax = _____

TOTAL= _____

Please charge my: VISA Mastercard Discover American Express

Cardholder Name _____

Card # _____ Exp Date _____

Signature _____

Check Payment Enclosed; payable to "PRS, Inc."

~FOR PRS USE ONLY~

Excel QC ACT Inspected by _____ Fed Ex Inventory