

Please print this form and fax to (305) 232-8421 (Credit Card orders only)
or mail form with payment to address below, or call (800) 330-1522

Dermatoplate Order Form

Date: _____ Order Placed by: _____

Doctor's Name: _____

Clinic Name: _____

Practice Type (circle all that apply) Small Animal Large Animal Exotic
Other: _____ Physician: _____

Shipping Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax# _____

Email: _____

QTY	ITEM#	DESCRIPTION	PRICE	EXTENDED
	MCR-CUL7900-10	Dermatoplate DTM Single Plate; Pkg/10	26.35	
	MCR-CUL7900-25	Dermatoplate DTM Single Plate; Pkg/25	55.00	
	MCR-CUL7950-10	Dermatoplate-Duo DTM/ESA; Pkg/10	30.57	
	MCR-CUL7950-25	Dermatoplate-Duo DTM/ESA; Pkg/25	63.71	
	MCR-CUL7950S-10	Dermatoplate S-Duo;DTM/Sabaroud;Pkg/10	30.57	
	MCR-CUL7950S-25	Dermatoplate S-Duo;DTM/Sabaroud;Pkg/25	63.71	
	MCR-CULFUNG73862	Dermatoplate Fungal Stain (<i>Lactophenol Cotton Blue</i>); 1 oz.	20.50	
	MCR-CULCR3330	Dermatoplate Clearing Solution (<i>KOH 10% w/ DMSO</i>); 1 oz.	16.00	
	MCR-SDL745	Fungi-Tape; 300 coverslips/Roll	35.33	
	MCR-DTM/ESM Kit	Complete Dermatoplate Kit (10 Duo plates, stain, KOH, Fungitape)	101.00	
	MCR-CUL79CHART	8.5 X 14 Full Color Laminated Dermatophyte Interpretation Guide	8.95	
Prices are subject to change			Subtotal	

****Shipping charges vary depending on location; actual costs are added to all orders at time of shipment****

****Sales tax will be added on Florida orders. Please call for exact total****

For charges to be applied to a MasterCard or Visa please complete:

Card# _____ Exp: _____ CID (Card Security #) _____

Name as it appears on card: _____

Signature: _____

Billing address (if different from shipping address)

Street Address: _____

City: _____ State: _____ Zip Code: _____

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