



ORDER FORM

PLEASE TYPE OR PRINT CLEARLY

Name					
Company					
Street					
City		State		Zip	
Phone		Specialty			
Email					

- Enter the quantity of each item, then price x quantity in the Amount field for each item ordered.
- If you are ordering more than three (3) units of any product, please call **1-800-MED-SHOP** to see if you qualify for discounts before completing the form.
- Add sales tax of 7.50% if you are located in California and 8.25% if you are located in Illinois.
- If paying by credit card, enter the information below and submit your order via email or fax.
- If paying by check, attach your check to the order form and mail to the address below.

Item #	Description	Quantity	Price	Amount
22302	CPT PLUS! 2023 PERFECT BOUND		104.95	
22301	CPT PLUS! 2023 SPIRAL BOUND		109.95	
22303	CPT PROFESSIONAL 2023 SPIRAL BOUND		126.95	
22337	HCPCS 2023 PERFECT BOUND		89.95	
22336	HCPCS 2023 SPIRAL BOUND		94.95	
22308	ICD-10-CM 2023 PERFECT BOUND		109.95	
22312	ICD-10-CM 2023 SPIRAL BOUND		114.95	
22349	MEDICAL FEES 2023		149.95	

FOR CREDIT REQUESTS PLEASE CALL 1-800-MED-SHOP



Order Total	
Sales Tax (CA and IL Only)	
Shipping	12.95
Amount Due	

Credit card number		Expires	
Name on the card			

EMAIL TO: order.processing@pmiconline.com

FAX TO: 1-800-633-6556

MAIL TO: PMIC Order Processing
4727 Wilshire Boulevard #300
Los Angeles, CA 90010

THANK YOU FOR YOUR ORDER

YOUR ORDER IS RISK-FREE WITH OUR 30-DAY RETURN PRIVILEGE