HealthNet Aeromedical Services

Printable Order Form

Must provide physical shipping address. UPS cannot deliver to Post Office boxes.

Thank you!

First Name:

Last Name:

Street Address:

City:

State:

Zip:

Phone:

Email:

Item #	Quantity	Cost Per Unit	Total
Item : _____	_____	$_____ . _____	_____
Item : _____	_____	$_____ . _____	_____
Item : _____	_____	$_____ . _____	_____
Item : _____	_____	$_____ . _____	_____
Item : _____	_____	$_____ . _____	_____
Item : _____	_____	$_____ . _____	_____
Item : _____	_____	$_____ . _____	_____
Item : _____	_____	$_____ . _____	_____
Item : _____	_____	$_____ . _____	_____
Item : _____	_____	$_____ . _____	_____
Item : _____	_____	$_____ . _____	_____
Item : _____	_____	$_____ . _____	_____
		S&H Charges:	_____
		Total Due:	_____

Shipping- $0-25 = $4.50, $26-75 = $7, $76+ = $9

Mail Checks Payable to: HealthNet Aeromedical Services

Mail Form to: 110 Wyoming Street, suite 101, Charleston, WV 25302