



**NON-CONTRACT  
ORDER FAX-FORM™**  
(305) 567-1043 (800) 392-9490

ORDER DATE: \_\_\_\_\_, 20\_\_\_\_ CRUCELL CUST. NO.: \_\_\_\_\_

MS-25

NAME: \_\_\_\_\_ DEA#: \_\_\_\_\_

ORDERED BY: \_\_\_\_\_ TEL: \_\_\_\_\_ FAX: \_\_\_\_\_

P.O. # \_\_\_\_\_ E-MAIL \_\_\_\_\_

BILL TO: \_\_\_\_\_

ATTN: \_\_\_\_\_

SHIP TO: \_\_\_\_\_

SHIP TO TEL: (\_\_\_\_) \_\_\_\_\_

SHIP TO FAX: (\_\_\_\_) \_\_\_\_\_

SHIP TO E-MAIL: \_\_\_\_\_

*If paying by credit card, please complete the following:*

Card Number															
Expiration Date								Security Code							
CardHolder Signature															
Daytime Phone: (____) _____															
<input type="checkbox"/> VISA®				<input type="checkbox"/> MASTERCARD®											

<u>PRODUCT</u>	<u>UNIT PRICE</u>	<u>QUANTITY ORDERED</u>	<u>EXTENDED PRICE</u>
ORAL TYPHOID      VIVOTIF® Vaccine 4 CAPS/PACK      NDC# 58337-0003-1	\$42.50		
SHIPPING/HANDLING \$10.00 (FOR LESS THAN 10 PACKS)			\$ _____
FREIGHT (OVERNIGHT COURIER RATES BASED UPON WEIGHT & ZONES)			\$ N/A _____
<div style="border: 1px solid black; padding: 5px;">           PLEASE LIST YOUR GROUP PURCHASING ORGANIZATION (GPO) MEMBERSHIP            _____         </div>			TOTAL \$ _____

WOULD LIKE TO RECEIVE "REMEMBER" STICKERS WITH ORDER? \_\_\_\_\_ (SPECIFY QUANTITY)

CRUCELL TO CONFIRM RECEIPT OF FAX ORDER  YES  NO

<b>INSURANCE CODES</b>	
CPT: <b>90471</b> - Vaccine Administration	IDC-9: <b>V03.1</b> -Vaccination with typhoid vaccine
<b>90690</b> -Vivotif (Typhoid Vaccine Live Oral Ty21a)	

**•CRUCELL ADHERES TO ALL PRIVACY LAWS MANDATING CREDIT CARD INFORMATION NOT BE PROVIDED TO ANY THIRD PARTY • PAYMENT TERMS: NET 30 DAYS • ALL SHIPMENTS ARE MADE UNDER REFRIGERATED PACKAGING AND MUST BE STORED BETWEEN 2°C -8°C.**