

STAT® VIAL
 314 School Board Drive
 New Iberia, Louisiana 70560
 1-866-STAT-VIAL
 1-866-782-8842

STOCK VIAL ORDER FORM

Print and Fax Form to:

1-337-364-9669

BILL TO:

SHIP TO: (if different from "BILL TO")

Name _____
 Address _____
 City _____
 State _____ Zip _____
 Daytime Phone (_____) _____
 Fax Number (_____) _____

Name _____
 Address _____
 City _____
 State _____ Zip _____
 Need By Date: _____ Ship Via: _____

ALBUTEROL SULFATE	CASE QTY. _____
FOR INHALATION ONLY	
STAT1-0201-C0	

IPRATROPIUM BROMIDE	CASE QTY. _____
FOR INHALATION ONLY	
STAT1-0202-C0	

BUDESONIDE	CASE QTY. _____
FOR INHALATION ONLY	
STAT1-0218-C0	

ALBUTEROL SULFATE IPRATROPIUM BROMIDE	CASE QTY. _____
FOR INHALATION ONLY	
STAT1-0221-C0	

PREMIXED SOLUTION	CASE QTY. _____
FOR INHALATION ONLY	
STAT1-0205-C0	

ALBUTEROL 2.5MG IPRATROPIUM 0.5MG	CASE QTY. _____
FOR INHALATION ONLY	
STAT1-0222-C0	

LEVALBUTEROL 1.25MG IPRATROPIUM 0.5MG	CASE QTY. _____
FOR INHALATION ONLY	
STAT1-0440-C0	

LEVALBUTEROL	CASE QTY. _____
FOR INHALATION ONLY	
STAT1-0476-C0	

LEVALBUTEROL IPRATROPIUM PREMIXED SOLUTION	CASE QTY. _____
FOR INHALATION ONLY	
STAT1-0400-C0	

LEVALBUTEROL BUDESONIDE	CASE QTY. _____
FOR INHALATION ONLY	
STAT1-0643-C0	

ALBUTEROL SULFATE IPRATROPIUM BROMIDE	CASE QTY. _____
FOR INHALATION ONLY	
STAT1-0232-C0	

ALBUTEROL 2.5MG IPRATROPIUM 0.75MG	CASE QTY. _____
FOR INHALATION ONLY	
STAT1-0217-C0	

IPRATROPIUM BUDESONIDE	CASE QTY. _____
FOR INHALATION ONLY	
STAT1-0215-C0	

ALBUTEROL BUDESONIDE	CASE QTY. _____
FOR INHALATION ONLY	
STAT1-0214-C0	

FORMOTEROL BUDESONIDE	CASE QTY. _____
FOR INHALATION ONLY	
STAT1-0220-C0	

LEVALBUTEROL IPRATROPIUM BUDESONIDE	CASE QTY. _____
FOR INHALATION ONLY	
STAT1-0435-C0	

ALBUTEROL IPRATROPIUM BUDESONIDE	CASE QTY. _____
FOR INHALATION ONLY	
STAT1-0210-C0	

QTY. _____ Part#/Desc. _____
 QTY. _____ Part#/Desc. _____
 QTY. _____ Part#/Desc. _____
 QTY. _____ Part#/Desc. _____
 QTY. _____ Part#/Desc. _____
 QTY. _____ Part#/Desc. _____

STAT Boxes	QTY.
STAT 60 Box	_____
STAT 90 Box	_____
STAT 120 Box	_____
STAT 120-Set Box	_____
Chargeable Y / N	

Authorized Representative _____ PO # _____ Date _____

For Office Use Only	Item Number: _____
Estimated Ship Date: _____	Cost Per Vial: _____