

Order Form

To place an order, submit completed, signed form by email to customercare@paragarddirect.com or by fax to 1-800-299-8332.

Account Name: _____

Account Number: _____

Ship-to Address (required): _____

City: _____ State: _____ ZIP: _____

Special Delivery Instructions/Attn To: _____

Contact Name: _____ Email: _____

Phone: _____ Fax: _____

ITEM NUMBER	PRODUCT	DESCRIPTION	QUANTITY	PURCHASE ORDER
7003 5129-01	Paragard® Single-Hand Inserter	Box of 1 NDC 59365-5129-01		
7003 5128-01	Paragard®	Box of 1 NDC 59365-5128-01		

Purchase Order Number: _____

Name (please print): _____

All orders ship UPS Ground. Please contact us at 1-877-PARAGARD to inquire about other delivery options. State and local sales taxes apply in certain states.



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