



# PRODUCT ORDER FORM

For Office Use Only:

DATE SHIPPED: \_\_\_\_\_

## CONTROLLED SUBSTANCE INVENTORY

Michigan law requires an annual inventory of controlled substances to be completed no more than 30 days prior to May 1 and no later than 60 days after May 1. **You must complete the inventory between April 1 and June 30 and keep a copy of the inventory on file. You no longer have to submit it to the state but must be able to provide if requested by the state.**

Be on top of this important task by using the Controlled Substance Inventory List available from Pharmacy Services Inc. Contact PSI by phone at (517) 484-1467 to place your order today or fax the completed order form below (credit card payment only) to (517) 484-1605.

### Product Pricing

Unit Price (for one list)..... \$35

Unit Price (for two lists)..... \$65

## ORDER INFORMATION

I would like to order \_\_\_\_\_ Controlled Substance Inventory List(s).

\_\_\_\_\_ Quantity x \_\_\_\_\_ Unit Price (listed above) = \_\_\_\_\_ **Order Total**

*\*Shipping, handling and Michigan sales tax are included in the unit price.*

## SHIPPING INFORMATION

*Orders are typically shipped within three business days of receiving payment.*

Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Pharmacy Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

## PAYMENT INFORMATION

Payment via:  Check (payable to Pharmacy Services Inc.)

Payment via:  Credit Card Please select card type:  Visa  MasterCard

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Security/CVV Code: \_\_\_\_\_ Cardholder's Name: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_

*Mail completed form to Pharmacy Services Inc. at the address below or fax to (517) 484-1605 (credit card payment only).*