



ORDERED
 PAID
 SHIPPED

AUTOCHECK
Sterilizer Monitoring Service Order Form

Phone Number _____ Order Placed by: _____

Office Name _____

Doctor's Name: (First) _____ (Initial) _____

(Last) _____

Address: _____

City _____ State _____ Zip _____

Please complete one section below for each sterilizer to be tested. Supplies for each sterilizer must be kept separate for identification purposes. Carefully check current supplies before ordering.

Sterilizer I. Description (make,model) _____

Sterilizer type: ___ Steam ___ Chemiclave ___ Dry Heat ___ Gas ___ 12 test ___ 24 test ___ 48 test kit

Sterilizer II. Description (make,model) _____

Sterilizer type: ___ Steam ___ Chemiclave ___ Dry Heat ___ Gas ___ 12 test ___ 24 test ___ 48 test kit

Sterilizer III. Description (make,model) _____

Sterilizer type: ___ Steam ___ Chemiclave ___ Dry Heat ___ Gas ___ 12 test ___ 24 test ___ 48 test kit

Enclose \$125.00 for each 12 test kit, \$250.00 for each 24 test kit or \$350.00 for each 48 test kit ordered. Checks payable to AUTOCHECK - Emory Medical Laboratories.

___ Amount enclosed: \$ _____ Name _____

___ Charge ___ Visa ___ Mastercard ___ American Express ___ Discover

Card # _____ Auth Code _____ Expiration Date _____

Mail to: EMORY MEDICAL LABORATORIES
AUTOCHECK
550 Peachtree Street, NE
Room 1244, Davis-Fischer Building
Atlanta, GA 30308-2225

Phone: 1-800-727-6763 Opt #5
Direct Line: 404-686-2402
Fax: 404-686-4526