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Fax Order Form

To order **LAC-CHECK** kits, by FAX, please fill out this form completely and return to QuinTron Instrument Company:

(414) 645-3484

Shipping And Account Information

Order Date: _____ **QuinTron Account Number:** _____

New Customer? Yes___ **No**___

Physician Name: _____

Contact Name: _____ **Position:** _____

Phone Number: _____ **Fax Number:** _____

Complete Shipping Address: _____

Order Number

Description

Quantity

QT01718 Lactose Malabsorption Test Kit _____

QT01768 Bacterial Overgrowth Test Kit _____

QT02083 Sucrose Malabsorption Test Kit _____

QT02250 Fructose Malabsorption Test Kit _____

QT02306 C-14 Helicobacter Pylori Test Kit _____

If you have any questions please call (800)542-4448