

Pediatric Kit Order Form

| Item | Price | Quantity | Total Price |
|--|-------|----------|-------------|
| Full Kit (includes all items below, plus a carrying bag) | \$65 | _____ | \$ _____ |
| Medical Communication Cards | \$15 | _____ | \$ _____ |
| Pediatape | \$20 | _____ | \$ _____ |
| Quick tape | \$9 | _____ | \$ _____ |
| Pedi Wheel | \$18 | _____ | \$ _____ |
| Total: | | | \$ _____ |

Agency: _____

Contact Person: _____

Email: _____

Phone Number: _____

Shipping Address (at the expense of your agency): _____

Payment Method: Check payable to STHCS

Credit Card – PayPal (will include credit card processing fees)
email to send PayPal invoice to: _____

DISCLAIMER: Southern Tier Health Care System reserves the right to cancel all orders if the minimum order number is not reached. Orders must be received by Wednesday, December 1, 2021. **Please submit this order for to Alicia at stems@sthcs.org or by mail to 150 N. Union St., Olean, NY 14760.**