



INDIANA UNIVERSITY

SCHOOL OF MEDICINE

Drug Interactions Card Request Form

Please complete the order form and email to chrimcdo@iupui.edu or fax to 317-630-8185. As soon as your order has been received, we will send you an invoice for payment in full. Once payment is received, the cards will be mailed to you.

Today's Date

First Name

Last Name

Degree

Title

Address

City

State

Zip

Country

Email

Telephone

Number of cards required:

10

25

50

100

Other

Pricing (\$USD)

Quantity

Single-Issue Purchase

Shipping and Handling

10-100 cards

\$4.00 per card

\$3.00

101-500 cards

\$3.00 per card

\$12.00

501+ cards

\$2.00 per card

\$25.00