

ORDER FORM

CUSTOMER NAME : _____ DATE : ____/____/____

CLINIC NAME : _____

BILLING ADDRESS : _____

SHIPPING ADDRESS : ☐ same as billing address

☐ Other : _____

CONTACT NUMBER : _____ EMAIL : _____

✓	PRODUCTS	QTY	✓	PRODUCTS	QTY
Covid-19 RTK Ag (Professional Use)			Urine Drugs Test		
☐	Ecotest® COVID-19 Antigen Rapid Test Device		☐	ProDetect® Opiates (2000ng/ml), strip	
☐	Getein One-Step for SARS-CoV-2 Antigen		☐	Ecotest® Opiates (2000 ng/ml), strip	
Covid-19 RTK Ag (Self-test)			☐	ProDetect® Morphine (300ng/ml), strip	
☐	Sejoy SARS-CoV2 Antigen Rapid Test Cassette		☐	Ecotest® Morphine (300ng/ml), strip	
Urine Pregnancy Test			☐	ProDetect® THC (50ng/ml), strip	
☐	ProDetect® hCG , cassette		☐	Ecotest® THC (50ng/ml), strip	
☐	ProDetect® hCG , strip		☐	ProDetect® Methamphetamine (1000ng/ml), strip	
☐	Ecotest® hCG, cassette		☐	Ecotest® Methamphetamine, (1000ng/ml) strip	
☐	Ecotest® hCG , strip		☐	Ecotest® Opiates (2000ng/ml), cassette	
Influenza Rapid Test			☐	Ecotest® Morphine (300ng/ml), cassette	
☐	ProDetect® Flu A & Flu B Rapid Test		☐	Ecotest® THC (50ng/ml), cassette	
Face Mask			☐	Ecotest® Metamphetamine (1000ng/ml), cassette	
☐	Novid 3-ply disposable surgical face mask		Dengue Rapid Test		
☐	Novid 4-ply disposable surgical face mask		☐	ProDetect® Dengue Duo NS1 Ag & IgG/IgM Rapid Test	
☐	Novid FFP2 NR 5-Ply Disposable Respirator		Automated External Defibrillator (AED)		
☐	Novid NF99 4-ply Respirator Mask		☐	Vivest PowerBeat X3	
Examination glove			☐	Vivest PowerBeat X1	
☐	Pentanano Antimicrobial Nitrile Glove size: _____		☐	HeartSine Samaritan PAD 350P	
☐	Bergamot Nitrile Examination Glove size: _____				
☐	Novid Nitrile Examination Glove Size: _____				

Term & Condition:

- Minimum per order is RM300.00
- Products order and final amount to be paid will be confirmed by our Sales Team upon received the order form and subject to delivery charge
- Email form to sales@fomemapharma.com.my

Acknowledge by Customer:

Name : _____
Date : _____