



# Patient Medical Journal ORDER FORM

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P.O. Box 1214, Adrian, MI 49221

*Please contact us for information & prices on large quantities and customized journals.*

## Product Information:

Please indicate the type of Journal(s) and quantity you wish to purchase.

\_\_\_ Patient Medical Journal(s) at \$40 each = \$ \_\_\_\_\_

\_\_\_ Cancer Patient Medical Journal(s) at \$40 each = \$ \_\_\_\_\_

\_\_\_ Elder Care Patient Medical Journal(s) at \$40 each = \$ \_\_\_\_\_

**Shipping & Handling - \$6 for one Journal**  
Add \$1 for each additional Journal in the same order = \$ \_\_\_\_\_

**6% Michigan Sales Tax** (for Michigan residents only) = \$ \_\_\_\_\_

**Total Enclosed** = \$ \_\_\_\_\_

## Payment Information:

Please indicate the type of payment you wish to use.

\_\_\_ Personal check/money order

Make check or money order payable to Megswork®, Inc. and mail to: **P.O. Box 1214, Adrian, MI 49221**

\_\_\_ Mastercard    \_\_\_ VISA    \_\_\_ Discover

Credit Card No: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp. Date: \_\_\_\_\_

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## Shipping Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Please provide us with your phone number and email in case we need to contact you regarding your order.

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_