



OceanMedix.com

.... for the Coastal Cruiser and the Ocean Voyager

Supporting Documentation Form

for the purchase of OceanMedix Prescription Kits and Sterile Packs

***** Fax to OceanMedix at 1-307-733-2059 *****

The information that is requested on this form is required. Please write legibly and provide all of the information requested.

***** Your order can not be processed until this information is received *****

The item/s ordered:

- Cruiser Prescription Kit
- Voyager Prescription Kit
- Suture Pack
- IV Pack

Date of Order: _____

Order Confirmation #: _____

Vessel Particulars:

Name of Vessel: _____

US Documentation Number: _____
(if State Registration Number, please note State)

Name of Managing Owner: _____

Purchasing Information:

Name: _____

- Managing Owner
- Skipper / Captain
- Medical Officer

Address: _____

Phone: _____

Email: _____

Purchasing Individual: _____

(Signature)

OceanMedix.com LLC

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