

Rescue MED

Preparing you to be your Best



First Aid Kit Order Form

Contact Information:

Date: _____ Phone: _____
Name: _____ E-Mail: _____
Address: _____ Province / State: _____

City: _____ Country: _____
Postal Code / Zip: _____

Payment Options:

Method of Payment:

- Cheque
- Money Order

Order:

Please Check the kit and options you require

1) 1st aid kit type:

- Personal Kit
- Advanced Kit
- Non EMS Trauma Kit

2) Contents Only Yes or No _____

3) Kit type:

- Soft Kit
- Hard Case

Hard Case = Pelican Case
Soft Case = Nylon Zipper Case

4) Occupational 1st aid Additional Contents:

- WCB OFA Basic Level Kit
- WCB OFA Level 1 Kit

Upon receiving Fax or PDF of order form a quote will be generated and sent to recipient for approval. Upon receiving final approval of order recipient will receive by mail a quality Rescue MED packaged medical kit.

347 Robson St.
Clearwater BC, V0E 1N1

Ph. (250) 674 - 1550
Fax. (250) 674 - 3289

info@rescuemed.ca
www.rescuemed.ca