



# A WALSH IMAGING, INC.



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 www.awalshimaging.com

Date: \_\_\_\_\_

## FAX ORDER FORM

DR. / Facility: \_\_\_\_\_ Person Ordering: \_\_\_\_\_

Ship to Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Bill Account or  Visa  MasterCard  American Express

Card # \_\_\_\_\_ Exp Date: \_\_\_\_\_

### Shipping / Delivery Method

- Deliver with next scheduled service  Ship normally  Ship Next Day (extra charge applies)  
 Emergency Delivery (\$25.00 charge-Mon-Fri 9am-4:30pm)

**Brand:** Kodak AWI Konica Fuji **Color:** Green Blue Half Blue Duplicating  
 MIN-R 2000  MIN-R M

<u>Qty</u>	<u>Film Size</u>	<u>Qty</u>	<u>Film Size</u>	<u>Qty</u>	<u>Chemistry</u>
_____	<input type="checkbox"/> 14 x 17 in	_____	<input type="checkbox"/> 18 x 24 cm	_____	<input type="checkbox"/> Auto Dev Premixed (5 Gal)
_____	<input type="checkbox"/> 35 x 43 cm	_____	<input type="checkbox"/> 18 x 43 cm	_____	<input type="checkbox"/> Auto Fix Premixed (5 Gal)
_____	<input type="checkbox"/> 30 x 35 cm	_____	<input type="checkbox"/> 24 x 24 cm	_____	<input type="checkbox"/> Kodak RP Xomat Dev (10 Gal Case)
_____	<input type="checkbox"/> 11 x 14 in	_____	<input type="checkbox"/> 14 x 36 in	_____	<input type="checkbox"/> Kodak RP Xomat Fix (10 Gal Case)
_____	<input type="checkbox"/> 24 x 30 cm	_____	<input type="checkbox"/> 5 x 7 in	_____	<input type="checkbox"/> Kodak MX Dev (10 Gal Case)
_____	<input type="checkbox"/> 10 x 12 in	_____	<input type="checkbox"/> 8 x 10 in	_____	<input type="checkbox"/> Kodak MX Fix (10 Gal Case)
				_____	<input type="checkbox"/> FR Dev (10 Gal Case)
				_____	<input type="checkbox"/> FR Fix (10 Gal Case)

<u>Qty</u>	<u>Item</u>	<u>Qty</u>	<u>Item</u>	<u>Qty</u>	<u>Item</u>
_____	<input type="checkbox"/> Blue TPT Gowns 534	_____	<input type="checkbox"/> Fixer Hypo Test Kit	_____	14 x 17 Envelopes
_____	<input type="checkbox"/> GD13 Large Gowns	_____	<input type="checkbox"/> Screen Cleaner	_____	<input type="checkbox"/> QTY = <input type="checkbox"/> 250 or <input type="checkbox"/> 500
_____	<input type="checkbox"/> GD15 Capes	_____	<input type="checkbox"/> I.D. Cards (blank)	_____	<input type="checkbox"/> 14 x 17 Mailers
_____	<input type="checkbox"/> EH303 Table Paper	_____	<input type="checkbox"/> I.D. Printer	_____	<input type="checkbox"/> 10 x 12 Envelopes
_____	<input type="checkbox"/> EH 310 Chiro Paper	_____	<input type="checkbox"/> Left & Right Markers	_____	<input type="checkbox"/> 10 x 12 Mailers
_____	<input type="checkbox"/> Pillow Cases	_____	<input type="checkbox"/> Full Lead Apron	_____	<input type="checkbox"/> Measuring Calipers
_____	<input type="checkbox"/> Tissue Paper	_____	<input type="checkbox"/> Half Lead Apron	_____	<input type="checkbox"/> Film Bin (5 Slot)
_____	<input type="checkbox"/> Toilet Paper	_____	<input type="checkbox"/> Lead Gloves	_____	<input type="checkbox"/> PolyBin (3 Slot)
				_____	<input type="checkbox"/> Safelight (Darkroom)

*Traditional and Digital Equipment,  
 Lead Shielding, Custom Room Design, Quality Assurance*