

RediScreen™

the **greatest** medical solutions

Literature Request Form

Please send the completed form to PerMaxim Member Services via email (sales@permaxim.com), or fax it to (707) 284-3123. All RediScreen product MSDS and NCCLS forms are available via downloadable PDF format at www.permaxim.com.

Distributor: _____

Contact: _____

Address: _____

City/State/Zip: _____

Email: _____

Fax: _____

Phone: _____

Product	Quantity	Date Required
Sales Manual*		
Sales Sheet (All products)		
Presentation Folder		
Sample Kit (hCG Cassette/Strip & Strep A)		
Sample (Urinalysis Reagent Strip - 10 Parameters)		
Sample (Drugs of Abuse)		

*Sales manual includes RediScreen program overview, product cross-reference and competitive matrices

