



Order:	
Allocated:	

## JNJ Vision Program Shipping Instructions Form

MAP International 4700 Glynco Parkway Brunswick, GA 31525 Customer Service: 912-280-6627 Fax: 912-280-6638 Email: orders@map.org

Due to inventory limitations, product inclusion and quantity provided are subject to availability.

## \*All orders must be submitted at least 6 weeks prior to departure date

All individuals who receive donated supplies are required to complete an online survey when they return from their trip.

Please keep this survey in mind during your travels.

ACCOUNT INFORMATION	COMPLETE DELIVERY ADDRESS	
//AP Account #:		
cct. Name:		
ORDERING PHYSICIAN		
ame:	· <del></del>	
none:		
mail:	Residential Address Business Address	
DESTINATION		
ountry:	Contact Name:	
ty/Region:	Phone:	
ospital, Clinic or Project:	E-mail:	
PAYMENT	SPECIAL INSTRUCTIONS	
he Service Fee for a JNJ Vision order is \$65 USD. UPS round shipping charges to most US destinations are included. xpedited shipping will incur additional freight charges. hipments to destinations outside the USA will incur dditional freight charges.		
and 44.	Team Departure Date:	
rd #:	Team Return Date:	
spiration Date: Security Code:	Requested Shipment Delivery Date:	
rd Holder's Name (as it appears on card):	*Any additional donation to help support MAP's medicine programs is very much appreciated. If you wish to contribute	
ard Holder's Billing Address:	please indicate the extra amount here: \$	
	Your Name:	
	Today's date:	





## Apr-24

Limits may apply on individual items. Each physician is limited to one order per calendar year.

ltem #	Product Description	QUANTITY REQUESTED	
50474-52069-00	Amo Administration Set, 1ea		
50474-52121-00	Laminar Flow Infusion Sleeve & Test Chamber, 19 Gauge 6ea		
Limit of 100 total lenses per order			
08137-IOL17-00	Lens, Sensar Foldable Intraocular, (IOL) w/OptiEdge Design +17.0 1ea		
08137-IOL18-05	Lens, Sensar Foldable Intraocular, (IOL) w/OptiEdge Design +18.5 1ea		
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