



PRECISE BID REQUESTS BY COUNTY 888-355-2437/ E-MAIL INFO@FLRESEARCH.COM P.O. BOX 3129 • Clearwater, Florida 33767

## ORDER FORM FOR MEDICAL SERVICES & SUPPLIES

## PLEASE SEND US BIDS & RFPs FROM THE MAIN CATEGORY OF MEDICAL SERVICES & SUPPLIES

LABORATORY INSURANCE - PHYSICIANS PHYSICAL THE OCCUPATION AMBULATORY	MEDICAL ERAPY JAL MEDICINE	HOME CARE HMO - PPO SERVICES DENTISTS VETERINARIANS
PHYSICIANS PHYSICAL THI OCCUPATION AMBULATORY	ERAPY IAL MEDICINE	HMO - PPO SERVICES DENTISTS VETERINARIANS
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OCCUPATION AMBULATORY	IAL MEDICINE	VETERINARIANS
AMBULATORY		
_	Y TRANSPOR	TATION
DAILY	E-MAIL <u>OR</u>	TWICE WEEKLY MAIL
ONAL ADDRESSI		
	OR \$69/MONT	<sup>-</sup> H.
HLY.		
	OF 30 DAYS.	THERE ARE <u>NO CONTRACTS</u> !
M	AIL INVOICE	TO:
	TITL	E:
\ \ -	R \$69/MONTH W DNAL ADDRESS OR VICE WEEKLY FO	VICE WEEKLY FOR \$69/MONT HLY.  OR A MINIMUM OF 30 DAYS.  MAIL INVOICE

**OVER 3,000 FLORIDA SOURCES MONITORED** 

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