

WHITMIRE MEDICAL, INC.

Managing today's health...
with tomorrow's technology

5 Minute Demo Request

** Information required*

*Facility _____

*Address _____

*City _____ *State _____ *ZIP _____

*Contact person _____

*Phone _____

Fax _____

*E-mail _____

What would you like demonstrated? _____

Disease state _____

Which product? _____

Equipment using now _____

CLIA level _____

*Date requested _____

Notes _____

Mail to: Whitmire Medical
1112 S. 344th St.
Suite 303
Federal Way, WA 98003

Or Fax: (253) 874-4845