

3M™ Health and Safety Services Respirator Medical Evaluation

Mail-In Respirator Medical Evaluation Order Form

Company _____

Address _____

City _____ State _____ Zip _____

Contact _____ Phone (_____) _____

Which category best describes your company?

- Abatement Hospital Marine/RV Utilities
 Auto body Repair Industrial/Manufacturing Painting Contractor Other _____

Number of questionnaires at \$35 each:

_____ English _____ Spanish

Total number of questionnaires _____ x \$35 = \$ _____

Tax: Sales tax will be added to your order if your company is located in HI, MS, NM or SD.

Refunds: Although we have a "No Refund" policy, purchased evaluations do not have an expiration date and can be saved for future use.

Send results via:

E-mail to _____

FAX to (_____) _____

If no e-mail or fax available, results will be mailed first class to the contact information provided above.

Payment Method:

Credit Card:

Visa MasterCard American Express

Card Number _____ Exp. Date _____

Billing Name and Address:

Authorized Signature: _____

Send this form to 3M via FAX to
1-877-609-3832 or mail it to:

**3M Health and Safety Services
219 SE Main St, Suite 306
Minneapolis MN 55414**

For more information, please contact:

**3M Occupational Health and
Environmental Safety Division
(OH&ESD)**

In the U.S., contact:

Sales Assistance
1-800-896-4223

Technical Assistance
1-800-243-4630

Internet

<http://www.3M.com/occsafety>

For other 3M products
1-800-3M HELPS

In Canada, contact:

3M Canada Company, OH&ESD
P.O. Box 5757
London, Ontario N6A 4T1

Sales Assistance
1-800-265-1840, ext. 6137

Technical Assistance (Canada only)
1-800-267-4414

Internet

<http://www.3M.com/CA/occsafety>



General Offices

3M Center

St. Paul, MN 55144-1000