Addendum Form

1650 N Indianwood Avenue
Broken Arrow, OK 74012

e: order@blessing.org
w: blessing.org

p: 918.250.8101
f: 918.250.1281

Customer Number/Ministry Name: _____

Addendum to Order Number: _____

Trip leaving date: _____

City & Country where medicine will be used: _____

If country has expiration dating requirements, please list the date that medicine may not expire before:

_____

What is the last date you can accept these medications? _____

Best email contact for this addendum? _____

Shipping Address (OTCs and prescriptions must be shipped to address on physician's license):

_____

_____

_____

Items:

Stock Code	Description	Unit of Measure	Units Needed