



2008 EMPIRE PLAN PREFERRED DRUG LIST (PDL) Special Order Form

If you need additional copies of the Preferred Drug List (PDL),
please fill out the following and fax to (315) 735-6754.

Please do not order until you receive your shipment.

For orders after December 2007, please use the regular Publications Supply Request Forms.

Agency Code: _____

Your Name: _____

Agency Name: _____

Agency Address: _____

Phone Number: _____

PLEASE DO NOT ORDER UNTIL YOU RECEIVE YOUR SHIPMENT.

CODE	TITLE	QUANTITY
AL0790	2008 Empire Plan Preferred Drug List (PDL)	