93-3006 0814 ORD VH BP Replace Parts_Layout 1 8/25/14 10:26 AM Page 1

To determine cuff size, measure your arm circumference midway between your shoulder and elbow joint.

Small Adult fits arm circumference: 8-5/8" – 11-3/4"
Adult fits arm circumference: 11-3/4" – 16-1/2"
Large Adult fits arm circumference: 16-1/2" – 18-7/8"

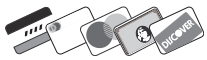
VERIDIAN HEALTHCARE®

REPLACEMENT PARTS & ACCESSORIES ORDER FORM

COMPATIBLE WITH MONITORS	DESCRIPTION	PART NO.	COST	QTY.	TOTAL
Monitor Replacment Cuffs					
01-5021, 01-5022	Small Adult Replacement Arm Cuff	01-5926	$15.00	_____	$_____
01-514, 01-524,	Adult Replacement Arm Cuff	01-5921	$15.00	_____	$_____
01-525, 01-697	Large Adult Replacement Arm Cuff	01-5922	$19.00	_____	$_____
01-5041, 01-5042	Small Adult Replacement Arm Cuff and Bulb	01-5906	$17.00	_____	$_____
	Adult Replacement Arm Cuff and Bulb	01-5901	$17.00	_____	$_____
	Large Adult Replacement Arm Cuff and Bulb	01-5902	$21.00	_____	$_____
AC Adapters					
01-5021, 01-5041	AC Adapter	01-594	$15.00	_____	$_____
01-514, 01-524, 01-525, 01-697	AC Adapter	01-593	$15.00	_____	$_____

PAYMENT METHOD: Do not send cash

❑ Check or Money Order ❑ VISA ❑ MasterCard
❑ Discover ❑ Diners Club ❑ American Express



Card No. _____

Expiration Date _____ Security Code _____

Signature _____

Print Name _____

SUBTOTAL $_____

Illinois shipments add 7.5% Sales Tax $_____

Shipping, handling and insurance $ 5.00

ORDER TOTAL $_____

Please allow 2 weeks for delivery. This order form is for shipment within the Continental U.S. and Canada only.

SHIP TO ADDRESS:

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Address _____

City _____ **State** _____ **Zip** _____

Daytime Telephone No. (_____) _____

BILLING ADDRESS: **If different from "SHIP TO" Address**

Name _____

Address _____

City _____ **State** _____ **Zip** _____

Daytime Telephone No. (_____) _____

Thank You For Your Order!

Please send a copy of this form with your check, credit card information or money order payable to:

Veridian Healthcare, LLC
Attn: Customer Service
1175 Lakeside Drive
Gurnee, IL 60031

FAX CREDIT CARD ORDERS TO: 866-480-1717
QUESTIONS? 866-326-1313

#93-3006 08/14
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