



TENS + HEAT REPLACEMENT ACCESSORIES ORDER FORM

FOR USE WITH TENS + HEAT SERIES OF PRODUCTS

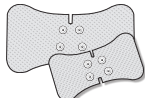
22-033 TENS + Heat

22-033KW TENS + Heat Knee Wrap Kit

22-050 TENS + Heat Knee Wrap only

22-033BW TENS + Heat Back Wrap Kit

22-051 TENS + Heat Back Wrap only



Model 22-036 Electrode Pads,
1 large, 1 small

Qty. _____ Boxes @ **\$20.00** \$ _____



Model 22-050 TENS Knee Wrap
Conductive Garment Only

Qty. _____ Boxes @ **\$64.00** \$ _____



Model 22-051 TENS Back Wrap +
Extended Conductive Garment Only

Qty. _____ Boxes @ **\$69.00** \$ _____

SUBTOTAL \$ _____

Illinois shipments add 8% 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:

Name _____

Address _____

City _____ State _____ Zip _____

Daytime Telephone No. (_____) _____

BILLING ADDRESS: If different from "SHIP TO" Address

Name _____

Address _____

City _____ State _____ Zip _____

Daytime Telephone No. (_____) _____

PAYMENT METHOD: Do not send cash

Check or Money Order

VISA

MasterCard

Discover

Diners Club

American Express



Card No. _____

Expiration Date _____ Security Code _____

Located on back of card. AE located on front.

Signature _____

Print Name _____

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
Attn: Customer Service
1175 Lakeside Drive
Gurnee, IL 60031

Fax credit card orders to:
866-480-1717
Questions? 866-326-1313