



# Replacement AC Adapter

| COMPATIBLE WITH MONITORS |                | DESCRIPTION                | COST    | QTY.  | TOTAL   |
|--------------------------|----------------|----------------------------|---------|-------|---------|
| Monitor Model #          | 01-509, 74-509 | AC Adapter, Model # 01-596 | \$10.00 | _____ | \$_____ |

**PAYMENT METHOD:** Do not send cash

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



Card No. \_\_\_\_\_

Expiration Date \_\_\_\_\_ Security Code \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

SUBTOTAL \$ \_\_\_\_\_

Illinois shipments add 8% Sales Tax \$ \_\_\_\_\_

Shipping, handling and insurance \$ 7.00

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. (\_\_\_\_\_) \_\_\_\_\_

**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

**REPLACEMENT PARTS ORDER FORM**