

It is suggested that you make copies of this order form for future replacement part and accessory needs to best manage your respiratory care program.

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. (_____) _____

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.

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 _____

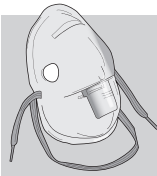
THANK YOU FOR YOUR ORDER!

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

Masks & Mouthpieces



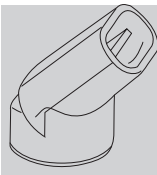
11-550 • Adult Mask
Cost: \$4.00 each

Order Qty: _____ Total: \$ _____



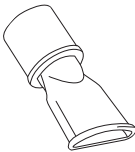
11-551 • Child Mask
Cost: \$4.00 each

Order Qty: _____ Total: \$ _____



11-573 • Mouthpiece Style #1
Cost: \$2.50 each

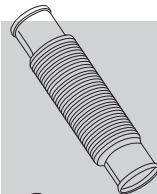
Order Qty: _____ Total: \$ _____



11-574 • Mouthpiece Style #2
(Requires Extension Tube for Operation)

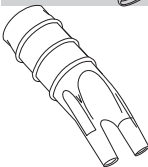
Cost: \$4.75 each

Order Qty: _____ Total: \$ _____



11-577 • Extension Tube
Cost: \$3.00 each

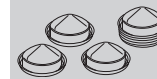
Order Qty: _____ Total: \$ _____



11-578 • Nasal Piece
Cost: \$1.25 each

Order Qty: _____ Total: \$ _____

Accessories & Replacement Parts



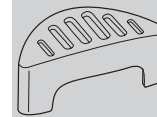
11-576 • Medication Cups (10-Pack)
Cost: \$3.75 each

Order Qty: _____ Total: \$ _____



11-580 • Air Filters (10-Pack)
Cost: \$3.50 each

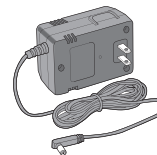
Order Qty: _____ Total: \$ _____



11-581 • Air Filter Cover
Cost: \$1.25 each

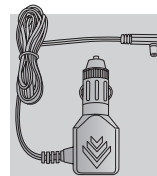
Order Qty: _____ Total: \$ _____

Power Supplies



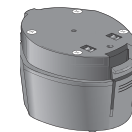
11-570 • 12-Volt AC Adapter
Cost: \$13.25 each

Order Qty: _____ Total: \$ _____



11-571 • DC Auto Adapter
Cost: \$16.25 each

Order Qty: _____ Total: \$ _____



11-579 • Battery Pack
Cost: \$47.50 each

Order Qty: _____ Total: \$ _____

NOTE: The listed replacement parts and accessories are approved and endorsed for the Veridian Healthcare SonicMist Ultrasonic Nebulizer System, item # 11-520. It is strongly recommended that only Veridian Healthcare approved replacement parts are used with this item.



#93-3010 09/20

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ULTRASONIC REPLACEMENT PARTS & ACCESSORIES ORDER FORM