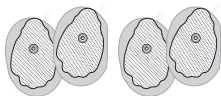




ELECTRODE PAD REPLACEMENT ORDER FORM

Model 22-046 Electrode Pads 2 Pair (4 electrodes)
For use with Veridian TENS device model 22-040 only



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

Qty. _____ Boxes @ **\$7.50** \$ _____

SUBTOTAL \$ _____

Illinois shipments add 8% Sales Tax \$ _____

Shipping, handling and insurance \$ 7.00

ORDER TOTAL \$ _____

PAYMENT METHOD: Do not send cash

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



Card No. _____

Expiration Date _____ Security Code _____

Located on back of card. AE located on front.

Signature _____

Print Name _____

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