

# SMARTHEART™

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

**Adult** fits arm circumference: 8.6" – 12.5" (22–32 cm)

**Large Adult** fits arm circumference: 12.5" – 16.5" (32–42 cm)

**Wide-Range Adult** fits arm circumference: 8.6" – 16.5" (22 – 42 cm)



DESCRIPTION	PART NO.	COST	QTY.	TOTAL
<b>Replacement Cuffs</b>				
<b>Adult</b> – 8.6" – 12.5" (22–32 cm)	01-5951	\$15.00	_____	\$ _____
<b>Large Adult</b> – 12.5" – 16.5" (32–42 cm)	01-5952	\$17.00	_____	\$ _____
<b>Wide-Range Adult</b> – 8.6" – 16.5" (22 – 42 cm)	01-5958	\$21.00	_____	\$ _____
<b>Replacement AC Adapter</b>				
– Compatible with 01-571 ONLY	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:

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