NormaTec Accessory & Replacement Part Order Form

1. Patient's Last name: _____ First name: _____

Ship to Address: _____

_____

_____

Telephone #: _____ (If we have questions about your order)

2. Item Description	**Quantity**	**Price**	**Total**
Stockinet		$5 pair	
Toe Guard		$20 each	
Don Assists		$50 pair	
Power Cord		$10	
AC-DC Adaptor		$45	
Hose		$50	
Y Connector		$65	
		Merchandise Total	**$**
3. Shipping & Handling *: Items totaling $0 to $20.00 = $ 5.00 $21.00 to $49.00 = $ 8.00 $50.00 + = $10.00 S/H			**$**
***call for expedited shipping rates**		**Total Due**	**$**

4. Payment:

❑ Personal Check ❑ Money Order ***Made Payable to "NormaTec"***

❑ MasterCard ❑Visa

Name as it appears on credit card: _____

Billing Address: ❑ Same as Shipping Address

Credit Card Number

				Expiration Date	Security Code
				Month / Year	(3 digits on back)

Signature: _____

5. Orders can be sent via:

Fax:
(617) 928-3411

Mail:
NormaTec
Attn: Customer Service
PO Box 590065
Newton Center, MA 02459

Phone:
Customer Service (800) 335-0960