

ACCOUNT NAME: _____

PHYSICIAN NAME: _____

ORDER CONTACT NAME: _____ EMAIL: _____

SHIP TO ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE #: _____

| QTY | DESCRIPTION |
|------------|--|
| | Patient Tri-Fold Brochure (25 per lot) |
| | Physician Brochure |
| | Procedural Brochure |

*** Brochures are provided free of charge.****To ensure prompt shipment of your order, please return the completed form to our Customer Service Department.**

- By fax: 636-333-1011
- By email: info@inxmedical.com