

Today's Date: _____ Facility Name: _____
 Address: _____
 Telephone: _____ Fax: _____
 Email Address: _____
 Contact Person: _____

Qty	Accessories / Fitting Components	Unit Price	Amount
	Brannock Device	\$75	
	Ritz Stick	\$15	
	Pressure Stats	\$6	
	Foam Impression Box	\$4	
	Prepaid Mailing Envelopes	\$4	
	Measuring Kit (1 Foam Box, 2 Pressure Stats, 1 Mailing Envelope)	\$14	
	Quad Fold Brochures (100)	\$15	
	Shoe Catalog	\$17	
	Implementation Binder	\$17	
	Medical Monofilament (20)	\$15	
	Heel Grips	\$1	
	Tongue Pads (SM / M /LG)	\$1	
	Met Pads (SM / M /LG)	\$3	
	Shoe Horns	\$4	
	Foot Exam Mirror	\$20	
	Infrared Surface Thermometer	\$25	

Total	Shipping	
	Tax (Some Accessories) CA Only	
	TOTAL	

I am authorized to bind my facility to the terms of this order and agree to pay the amount(s) indicated.

Signature _____ Date _____