

ORDER FORM

Date: _____

FAX TO: (337)268-4080

VENOSCOPE, L.L.C.
1018 Harding St., Suite 104
Lafayette, LA 70503

REMIT TO: P. O. Box 52703, Lafayette, LA 70505-2703 FED. TAX ID. 72-1517067

	<u>CAT. NO.</u>	<u>PRICE</u>	<u>QTY.</u>	<u>TOTAL</u>
VENOSCOPE®II	VT 03	\$205.00	_____	_____
DISPOSABLE PROTECTIVE COVERS				
50 per box	DPC050	\$10.00	_____	_____
VELSTRETCH STRAPS				
10 straps per pack	VSS 10	\$20.00	_____	_____
VENOSCOPE CARRYING CASE				
	VTC	\$11.00	_____	_____
NEONATAL TRANSILLUMINATOR				
	NT 01	\$310.00	_____	_____
NEONATAL DISPOSABLE COVERS				
50 covers per box	NTDC050	\$12.00	_____	_____
NEONATAL TRANSILLUMINATOR CASE				
	NTC	\$11.00	_____	_____
NEONATAL LIGHT CORD				
	NTLC	\$20.00	_____	_____
SHIPPING & HANDLING		per order		<u>\$10.00</u>
ORDER TOTAL				=====

SHIP TO :

Name :

Company :

Address :

City :

State / Zip :

Phone :

Fax # :

Email address for UPS Tracking:

Purchase Order # :

Credit Card VISA-M/C-DISCOVER-AMEX

Expiration _____

Name on Card

BILL TO : Company :

Address :

City /State / Zip :