

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	
Tote		\$25	
Transformer		\$55	
Toe Guard		\$15 each	
Don Assists		\$20 pair	
Power Cord		\$10	
Hose		\$45	
Y Connector		\$55	
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																					
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Month	Year																						

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