## LIGATOR ORDER FORM

## Please send completed form by fax or email to: (800) 886-9615 or orders@hemband.com

If you have questions regarding your order, please call (800) 242-6145

Order Date:			PO # (optional)			
Company Name			Company/Grou	p NPI		
Ordering Physician			Ordering Physician NPI			
Order Contact Name			Phone Number			
Shipping A	ddress					
Item(s) Orde	ered:					
Ref No	Item		Quantity	Price / Unit		Total Amount
DS905727	1	mBand™ disposable hemorrhoidal		\$70.00 per unit		
	ligator wit	h integrated obturator				\$
	1 individud	al package				
		latex bands. Latex-free bands upon request.				
Prices are in	clusive of al	I taxes. Prices valid in the U.S. only.				
Select D	elivery C	ptions (please check only one)				
☐ FedEx Stando	ard Overnigl	nt (Next business day by 3PM) - FREE OF CHA	RGE			
☐ FedEx Priority	y Overnight (	(Next business day by 10AM) - \$40.00				
☐ FedEx First O	vernight (Ne	ext business day by 8AM) - \$150.00				
FedEx does r	not deliver to	ght shipping rates apply to a box of 20 units. PO Box/APO addresses. Some FedEx service EST will be processed next business day. No	s are not available	e in all are	eas. Please	-
Select Po	yment I	Method* (please select only one)				
☐ Electronic	Check/ACH	(Attach a copy of a voided check)				
Bank Nam	ne:	Account#		Routir	ng#	
☐ Credit/Del	bit Card					
Name on t	the Card	Card#		Exp	/	CVV
☐ Invoice (St	ubject to cre	edit approval and payment terms of MDE Med	dical LLC)			
payments shall	bear interes	read, understands, and agrees to MDE Medi et at a rate equal to the lesser of: (i) 1.5% per independent of the lesser of the les				-
Print Name:			Sign:			