

RIS Order Form for Mail In and FAX

Select the products and quantities that meet the needs of your patients:

Today's date:

How Many?	Product	One to Five Items*	Quantity Prices with ANY Six or More Items *	Extended Total
	LitePlus™	\$24.20 each	\$21.78 each	\$
	LiteSplint™	\$18.70 each	\$17.16 each	\$
	InstaSplint™	\$33.11 each	\$29.79 each	\$
	RCM® Large	\$45.25 each	\$37.57 each	\$
	RCM Small			\$

* Prices do not include shipping charges

Subtotal =

Shipping =

Shipping: 1 or 2 items = \$4.50, 3 to 10 items = \$7.00, 11 to 20 items = \$12.00, 21 to 49 items = \$19.00, and FREE for 50 or more items

Total cost =

How should we contact you?

Company Name

Practitioner's Name

Phone Fax

Email

Where shall we mail your order?

Address

City State/Prov

ZIP Country

Is this the same address as your credit card billing address? Yes No

Please provide your credit card information: (We process each transaction in a secure environment.)

Visa

Master Card

Card # _____

Verification code _____

Name on Card _____

Expiration date _____

Signature _____

Provide the billing address for the credit card if different from your mailing address:

Address _____

City _____

State/Prov _____

ZIP _____

Country _____

To help us serve you better-- please respond to the following questions:

Are you a new RIS customer? Yes No How many clinicians in your practice? _____

How did you hear about RIS?

Through a patient

Through a clinician

Via web

Printed article

Other

Comments? _____

**Please be sure to provide all necessary information.
Then Fax or Mail to us:**

FAX To: 617-369-9971 in the USA or 001-617-369-9971 for international orders.

Or

MAIL To: RIS
PO Box 1073
Marshfield, MA 02050 U.S.A.

Orders are processed and shipped by the end of the next business day.

Domestic orders ship via Priority Mail w/Delivery Confirmation.

International orders ship via the USPS.

Thank you for choosing RIS appliances!!