



# SPIO®

## Order Form

Customer Account #:

Date: \_\_\_\_\_

Bill To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Ship To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone #: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Email: \_\_\_\_\_

Patient Diagnosis: \_\_\_\_\_

Customer Account #: \_\_\_\_\_

Patient Age: \_\_\_\_\_

Phone Order: Y \_\_\_\_\_ N \_\_\_\_\_

Therapist's Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Therapist's Clinic: \_\_\_\_\_

Quantity	Size/Item #	Item Description	Unit Price	Total

Sub Total	
*Shipping	
Sales Tax	
Balance Due	

Visa \_\_\_\_\_ Master Card \_\_\_\_\_ Am Ex \_\_\_\_\_ Discover \_\_\_\_\_

Card #: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ CID: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Address for Card: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Purchase Order No. \_\_\_\_\_

Enclosed is a check in the amount of \$ \_\_\_\_\_

*\*Free Ground Shipping within the US*