

FAX-BACK ORDER FORM

Please send me the following free samples and informational brochures.

MAXIVISION® Whole Body Formula • [24 per carton with brochures]

Please send me a clear acrylic promotional display for my office.



MAXIVISION® Ocular Formula • [24 per carton with brochures]

Please send me a clear acrylic promotional display for my office.

MAXIVISION® Eye & Body Formula • [24 per carton with brochures]

Please send me a clear acrylic promotional display for my office.



MAXIVISION® Eye Formula • [24 per carton with brochures]

Please send me a clear acrylic promotional display for my office.

MAXIVISION® Macula Formula (AREDS + AREDS2) • [24 per carton with brochures]

Please send me a clear acrylic promotional display for my office.

MAXIVISION® Omega-3 Formula • [24 per carton with brochures]

Please send me a clear acrylic promotional display for my office.



MAXITEARS® Dry Eye Formula • [24 per carton with brochures]

Please send me a clear acrylic promotional display for my office.

Note: If you need more samples than indicated above please let us know.

★ PLEASE FILL OUT COMPLETELY FOR EACH DOCTOR LOCATION ★

Doctor's Name: _____ Date: _____

Clinic/Institute: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Office Contact Person: _____

Phone: (_____) _____ Fax: (_____) _____

E-mail: _____ Number of Doctors in Practice: _____

Note: Your email address will never be shared or released to any third party.

Please contact our office on a regular basis to replenish our supply of samples.

Fax Back to (813) 343-5541 • Phone: (813) 343-5555 • email to: sales@medop.com