



Advancing the Science of Vision Testing

TESTING SUPPLIES ORDER FORM

Date: Practice Name:

Technician Name: Phone Number:

Shipping Address:

City, State, Zip Code:

Practice Approval Signature:

Table with 5 columns: Item Description\Number, Unit, Rate, Qty, Amount. Rows include Diopsys Disposable Electrodes, Lead wire Set 48", Gold Cup Electrodes 48", Ten20 Conductive EEG Paste (4 oz and 8 oz), NuPrep EEG Skin Prepping Gel, Thermal Printer Paper, Pirate Patch, Prep-Check Electrode Impedance Meter, and SanDisk 1GB USB 2.0 Cruzer Mini Flash Drive.

Sub-Total
Sales Tax (if applicable)
Shipping & Handling
Total

Method of Payment (please check one box):

- Check made payable to Diopsys, Inc. (due upon receipt of invoice).
We accept Visa, MasterCard & American Express. If paying by credit card, please complete the following:

Name (as it appears on the card):

Card #: CID Value Exp. Date: /

Cardholder Address including Zip Code

Please fax this order form to 973-244-0670

16 Chapin Road, Suite 911, P.O. Box 672, Pine Brook, NJ 07058

P: 973-244-0622 * F: 973-244-0670