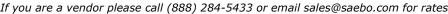
SaeboStep | Patient Order Form

Email this order form to sales@saebo.com or Fax to 855.414.0037 If you are a vendor please call (888) 284-5433 or email sales@saebo.com for rates





1. PATIENT INFORMATION									
Order Date:	First Name:			Last Name:					
Date of Birth:	Phone:		Email:						
2. THERAPIST INFORMATION									
Current (or Last) Therapist:			Facility Name:						
Email:									
3. SHIP TO: IF THE DEVICE IS BEING SHIPPED TO A FACILITY, BE SURE TO INDICATE THE FACILITY NAME.									
Name (Facility Name):				Attention:	Attention:				
Street:				Dept./Suite:	ept./Suite:				
City:			State:		Zip:				
4.DEVICE									
		DESCRIPTION			QTY	PRICE	TOTAL		
		SaeboStep, Complete Kit				\$169 ⁰⁰			
This device is "One Siz	te the Right	SaeboStep, Crop A Dile, Standard				\$49.00			
and can accommodat		SaeboStep Eyelet Hook Kit				\$9.99			
		SaeboStep Rep	eplacement Cord Kit			\$29.99			
Shipping within the US? Add \$4.99 for Shipping		SaeboStep Side Cord Replacement Kit				\$34.99			
Shipping to Cana		SUB-TOTAL SHIPPING TOTAL PURCHASE							
Add \$25 ⁰⁰ for Sh	pping								



SaeboStep | Patient Order Form

5. PAYMENT							
Pay by Credit Card Card Type: MC Visa Mex Discover							
Card Number:		Ехр:	Name on Card:				
CVC:	Billing Address:						
I hereby authorize the charge of the Total Purchase shown on Page 1 of this order form. (Total Purchase includes \$4.99 domestic shipping or \$25.00 to ship to Canada)							
Signature of Card Holder:							
Mail a Paym (US Delivery O):	orm and your payment of device, accessories				
Saebo, Inc.							
PO Box 6253							
Hermitage, PA 16148-0923							

Questions? Call 888-284-5433 | View Saebo Inc.'s Notice of Privacy Practices at saebo.com/privacy-policy/