

Saebo Mirror Box | 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:		
Street:	Dept./Suite:		
City:	State:	Zip:	

4.DEVICE

Shipping within the US? Add \$4.99 for Shipping Shipping to Canada? Add \$25⁰⁰ for Shipping	DESCRIPTION	QTY	PRICE	TOTAL
	Saebo Mirror Box		\$79 ⁹⁹	
	SUB-TOTAL			
	SHIPPING			
	TOTAL PURCHASE			



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5. PAYMENT

☐ Pay by Credit Card | Card Type: ☐ MC ☐ Visa ☐ Amex ☐ Discover

Card Number:

Exp:

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 Payment | If paying by Check or Money Order, mail this form and your payment of \$79⁹⁹ per device +
(US Delivery Only) \$4.99 Shipping to:

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/