

BLINKEZE® EXTERNAL LID WEIGHTS

PATIENT ORDER FORM

NOTE: INCLUDE A PRESCRIPTION WITH THIS FORM

AUTHORIZATION (Physician to complete):

- I authorize my patient to order the prescribed Blinkeze External Lid Weight directly from MedDev
- AND**
- A prescription with specific weight and skin tone has been faxed to MedDev (fax 1-408-730-9732)

STEP 1: Specify Weight (0.6g – 1.8g are standard sizes)

- 0.6g 0.8g 1.0g 1.2g 1.4g 1.6g 1.8g
 2.0g 2.2g 2.4g 2.6g 2.8g

STEP 2: Specify Skin Tone

- Light Pink/Neutral Tan Med. Brown Dark Brown
(-0) (-1) (-2) (-3) (-4)

Physician Signature: _____

Print Name: _____

Facility Name: _____

Address: _____

Phone: (_____) _____

Email: _____

SHIP TO (Patient):

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: (_____) _____

Email: _____

BILL TO (Patient):

Check if same as above

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: (_____) _____

Email: _____

ORDER SUMMARY

| Item Description | Qty | Price Each | Total Price |
|---|-----|---|-----------------|
| Blinkeze Patient Treatment Kit <i>Includes: selected weight, 100 adhesive strips, application mirror and instructions</i> | | \$105.00 (standard sizes) | |
| | | \$176.00 (special sizes) | |
| EyeClose Adhesive Strips (Box of 100) | | \$19.50 (per box) | |
| We ship USPS unless otherwise specified | | Merchandise Total | |
| *Orders exceeding 2lbs will be billed an additional shipping charge | | Sales Tax (CA residents only) | |
| | | Shipping charges | *\$10.95 |
| | | TOTAL AMOUNT | |

PAYMENT

Total Payment (Patient) \$ _____

Personal check (payable to MedDev Corporation)

Credit card: MasterCard VISA AMEX

Account No. (MedDev or CC) _____

Expiration (CC only) _____

Name (as appears on card) _____

Security Code/CVC _____

TO ORDER:

By Phone: 800.543.2789

(M-F 8:30am to 5:00pm PST)

By Fax: 408.730.9732 (24 Hr.)

Website: www.meddev-corp.com

MedDev
CORPORATION

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