

# BLINKEZE® EXTERNAL LID WEIGHTS

## PHYSICIAN ORDER FORM

**NOTE: Please include a PRESCRIPTION when faxing in this form**

### AUTHORIZATION:

A prescription for the patient has been faxed to MedDev (fax 1-408-730-9732):

- Please ship the prescribed Blinkeze External Lid Weight to our office.
- I authorize the patient to order the prescribed Blinkeze External Lid Weight directly from MedDev.

#### 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 (-0)    Pink (-1)    Tan (-2)    Med. Brown (-3)    Dark Brown (-4)

Physician Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

### BILL TO:   Physician   Patient

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

### SHIP TO:   Check if same as above

Name: \_\_\_\_\_

Company / Office: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

### ORDER SUMMARY:

Item Description	Qty	Price Each	Total Price
<b>Blinkeze Patient Treatment Kit</b> <i>Includes:</i> selected weight, 100 adhesive strips, application mirror and instructions		<b>\$ 98.00</b> <small>(standard sizes)</small>	
		<b>\$165.00</b> <small>(special sizes)</small>	
<b>EyeClose Adhesive Strips (Box of 100)</b>		<b>\$ 18.50</b>	
<b>Tantalum Eyelid Weight Sizing Set</b> <i>Includes:</i> 7 standard or 5 special weights, storage case, 100 adhesive strips and a skin tone selector		<b>\$275.00</b> <small>(standard sizes)</small>	
		<b>\$295.00</b> <small>(special sizes)</small>	
<b>Merchandise Total</b>			
<b>Sales Tax</b> <small>(CA residents adds applicable sales tax)</small>			
<b>Shipping Charges</b>			<b>12.95*</b>
<b>TOTAL AMOUNT</b>			

We ship USPS unless otherwise specified.

\*Orders exceeding 2lbs. will be billed an additional shipping charge

### PAYMENT:

Total payment: \$ \_\_\_\_\_

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**

**Email: info@meddev-corp.com**

**MedDev**  
CORPORATION

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