Digisplint Inc
489 Main St S
Exeter, ON N0M 1S1
TEL: 1-888-775-4687
FAX: 1-888-377-5468

For Office Use Arrived: _____

Invoice # _____

Shipped: _____

Tracking: _____

ORDER INFORMATION: Date: _____

Client's Name: _____ Therapist/Physicians Name: _____

Client's Telephone: (_____)_____ Therapist/Physician's Telephone: (____)_____

Client's Consent Signature: _____ Facility Name: _____

INVOICING/BILLING INSTRUCTIONS: We do not bill insurance companies.

VISA or Mastercard: ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ Expiry date: ☐☐ ☐☐

Validation Number: ☐☐☐ Name on Card: _____

OR Purchase Order Number from Facility: Payment due within 30 days _____

INVOICING ADDRESS:

Name

Address

City Province Postal Code

SHIPPING ADDRESS: ☐ Same as invoicing or:

Name

Address

City Province Postal Code

SPLINT TYPE	HAND	FINGER	SIZE			PRICE

Anti-tarnish plating $12.00/splint (Optional)	
Shipping & Handling	$17.00
TOTAL	

SPECIAL INSTRUCTIONS: _____