Digisplint Inc
496 Main St S
Exeter, ON N0M 1S1
TEL: 1-888-775-4687
FAX: 1-888-377-5468
www.digisplint.ca

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 Email: _____ Therapists/Physician's Email: _____

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				$20.00
TOTAL				

SPECIAL INSTRUCTIONS: _____