

ORDER FORM
Rochester Cannula Clamp™



Date _____

Organization Name: _____

Contact Name: _____

Shipping Address: _____

City: _____

Country: _____

Zip: _____ Phone: _____

NOTE: Cannula Clamps are sold in quantities of 12 Clamps per package.

This order authorizes Medical Innovations International to ship an order to the above address for a total number of

_____ **Packages. Payment by Credit Card or Invoice:**

__ **CC** _____ **exp** _____

Signature: _____

__ **Direct Bill an Invoice to the above address.**

__ **Send an order confirmation to:**

e-mail address: _____

or

Fax #: _____

Special Instructions: _____

Medical Innovations International Inc.
1-507-289-0761 phone, 1-507-281-9096 fax, 6256 34th Ave SW, Rochester MN 55901
This form is available online at www.medicalinnovations.com