ORDER FORM

Print this order form and Mail or Fax back to:

Liberator Medical Supply, Inc. • PO Box 446 • Stuart, FL 34995-0446

Toll Free: 1.800.755.7880 • Fax: 1.800.755.0843

Home Address

Name

Street Apt.

City

State Zip

Phone (Day) (Eve)

Email Address

Shipping Address (if different)

Name

c/o

Street Apt.

City

State Zip

Phone (Day) (Eve)

Physician's Name:_____ Phone: _____

Method of Payment

❑ Bill my Medicare/Insurance

(I have signed and enclosed the Authorization of Benefits on the reverse side of this page.)

❑ Check by Phone/Money Order ❑ MasterCard ❑ Visa ❑ American Express ❑ Discover

Your Card Number Exp. Date

Pg. #	Style #	Description	Color #	Size	Qty.

Shipping Shipping is FREE for all Medicare and Insurance orders and all credit card orders over $75.00. For orders under $75.00, add $6.95 for the UPS Ground shipping costs.

Sales Tax If applicable - Florida residents pay 6.5% state tax.

Our Convenient and Personalized Cash Order Process

If you don't have Medicare and or insurance coverage you can pay by credit card, money order or check by phone.

Simply make your selection and enter your styles on the enclosed envelope order form.

Be sure to complete all the required information. You can send in your order and a Certified Fitter will call you to present pricing. **Be sure to fill in your day time phone number on the order form.**

Or, you can call toll free 1-800-755-7880 between 8:30am and 6:00pm (EST) and a Certified Fitter will review your order and present your pricing.