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INTEGRATIVE PRACTICE SOLUTIONS

KNEEMD ORDER FORM

BY PROMOTUS

Sales Rep: _____

Ship to Name: _____

Shipping Address: _____

Billing Phone number: _____

Billing Email address: _____

	Qty	Price ea	Total
KneeMD- KMD-CPD1		\$450.00	
Shipping		\$25.00	
Grand Total			



Payment

Circle one Visa Mastercard AMEX

Card Number _____

Expiration _____

CID _____

Name on card _____

Billing address _____

(if different from shipping) _____

Signature _____

Date _____

Printed Name _____

**Email form to orders@integrativepracticesolutions.com
 OR Fax form to 727-683-9536**