

Mail Order Form

SHIPPING ADDRESS:


Name _____

Address _____

City, State, Zip _____

Phone _____

Email _____

Signature  _____
(Signature is required to process order.)

By signing above, I agree that I am over age 18 and I have been advised by MDHearingAid that the Food and Drug Administration and the State of Illinois have determined that my best interest would be served if I had a medical evaluation by a licensed physician, preferably a physician who specialized in diseases of the ear, before purchasing a hearing instrument; or a test by a licensed audiologist or licensed hearing instrument dispenser utilizing established procedures and instrumentation in the fitting of hearing instruments. I do not wish either a medical evaluation or test before purchasing a hearing instrument.

BILLING ADDRESS:

Same address as shipping info

Name _____

Address _____

City, State, Zip _____

PAYMENT INFO:

Check or Money Order (made out to MDHearingAid, Inc.)

Credit Card (circle one)    

Credit Card Number

Exp. Date

CVC/CCV # (3 or 4 digits)

All payments must be made in U.S. dollars.

SELECT YOUR SOLUTION:

	MDHearingAid(s)	Add Protection	Add Remote
Left CTRL	\$799.99	\$99.99	\$199.99
Right CTRL	\$799.99	\$99.99	\$199.99
CTRL Pair*	\$1599.99	Included	Included
Left LUX	\$649.99	\$79.99	N/A
Right LUX	\$649.99	\$79.99	N/A
LUX Pair*	\$1299.99	Included	N/A
Left AIR	\$399.99	\$59.99	N/A
Right AIR	\$399.99	\$59.99	N/A
AIR Pair*	\$799.99	Included	N/A
One PRO	\$199.99	\$49.99	N/A
PRO Pair*	\$399.99	Included	N/A

*All pair orders include 2 MDSHield Protection Plans + a year's supply of batteries.

Offer Code:	
Subtotal:	
Shipping: (See chart below)	
GRAND TOTAL:	

SHIPPING CHARGES

USA & CANADA FREE
INTERNATIONAL \$31.95

MAIL ORDER FORM TO:

MDHearingAid, Inc.
26329 Network Place
Chicago, IL 60673-1263