

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
Left LUX	<input type="checkbox"/> \$649.99	<input type="checkbox"/> \$79.99
Right LUX	<input type="checkbox"/> \$649.99	<input type="checkbox"/> \$79.99
LUX Pair*	<input type="checkbox"/> \$1299.99	<input checked="" type="checkbox"/> Included
Left AIR	<input type="checkbox"/> \$399.99	<input type="checkbox"/> \$59.99
Right AIR	<input type="checkbox"/> \$399.99	<input type="checkbox"/> \$59.99
AIR Pair*	<input type="checkbox"/> \$799.99	<input checked="" type="checkbox"/> Included
Left PRO	<input type="checkbox"/> \$199.99	<input type="checkbox"/> \$49.99
Right PRO	<input type="checkbox"/> \$199.99	<input type="checkbox"/> \$49.99
PRO Pair*	<input type="checkbox"/> \$399.99	<input checked="" type="checkbox"/> Included

*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