

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)	MDSHield™
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
One PRO	<input type="checkbox"/> \$299.99	<input type="checkbox"/> \$49.99
PRO Pair*	<input type="checkbox"/> \$599.99	<input checked="" type="checkbox"/> Included

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

SHIPPING CHARGES

USA	FREE
CANADA	\$9.95
INTERNATIONAL	\$31.95

SPECIAL OFFERS:

Offer Code: _____

MAIL ORDER FORM TO:

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