

Order Form - You may Fax or E-mail this form. Always confirm receipt of your order.

Medical Maggots™ - Maggot-impregnated gauze, 2/vial,
 (~ 150-200 larvae per gauze pad)

Qty: ___ Vial(s) of ~ 350 disinfected larvae \$250.00

Maggot MegaPak™ - Complete kit with everything you
 need (up to 1 vial Medical Maggots, dressings, **FREE**
 standard overnight shipping & more): \$350.00
 See www.monarchlabs.com/megapak for details)

Creature Comforts™ Sterile polyester netted dressing

___ 4" x 4"	\$ 8.00
___ 8" x 8"	\$17.00
___ 12" x 12"	\$24.00
___ 24" x 24"	\$59.00
___ Custom sizes	Call
___ Sterile nylon stocking dressing	\$13.00
___ Sterile nylon pantyhose dressing	\$18.00

LeFlap™ Dual-layered maggot confinement dressing

___ 3" x 3" for wounds up to 2" diam	\$18.00
___ 6" x 6" for wounds up to 5" diam	\$25.00

LeFlap DuJour™ customizable confinement dressing

___ 4" x 4" for wounds up to 3" diam	\$21.00
___ 8" x 8" for wounds up to 7" diam	\$28.00

LeSoc™ polyester net sock-like confinement dressing

___ 1¾" x 2½ (finger-sized)	\$ 6.00
___ 3" x 4" (two-finger-sized)	\$10.00
___ 4" x 6" (four-finger-sized)	\$13.00
___ 6" x 8" (hand-sized)	\$19.00
___ 8" x 12" (anterior foot-sized)	\$26.00
___ 12" x 18" (boot- or forearm-sized)	\$39.00
___ 18" x 24" (leg-sized)	\$53.00
___ 24" x 36" (thigh-high)	\$72.00

Hydrocolloid Pad

___ 4" x 4" pad	\$12.00
___ 6" x 6" pad	\$22.00

LeGlu Adhesive™

___ 1 oz. bottle	\$13.00
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Tape, Durapore™

___ 1 roll	\$ 3.00
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Transparent membrane dressing

___ 2" x 3", each	\$ 1.25
___ Box of 100	\$78.00

Skin protectant wipe

___ 1 wipe, each / Box of 50	\$ 0.65 / \$27.00
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Miscellaneous Supplies

___ LeSoc™ for Hooves	\$18.00
___ Leech Supplies (Salt, Jars, etc.)	Call

Other:

Order placed by:
 Contact name: _____

Prescribed by: _____ LIC/DEA#: _____

Facility Name & Shipping Address: _____

Phone: _____ Fax: _____

E-mail: _____

PO# or Credit Card info: _____

Arrival date requested: _____

Note: Medical Maggots are highly perishable, and should be used
 within 24 hours of arrival for optimal results. Larvae which are
 dead on arrival or otherwise unusable will be replaced or refunded
 only if we are notified within 24 hours of receipt.

**Shipping - Monday - Thursday via overnight delivery service, to
 arrive Tuesday - Friday. Shipping/handling charges include
 temperature-controlled packaging, when required. Please specify:**

- Standard** Overnight delivery (arrival by 3:30 pm) \$52.00
- Priority** Overnight (arrival by 10:30 am, if available) \$64.00
- Saturday or Monday deliveries by special \$78.00
 arrangement only; call in advance.
- First Overnight (arrival by 8:30 am, where available) \$125.00
- International delivery to Canada (by special Call
 arrangement; client agrees to reimburse all import
 duties, fees and taxes)
- Immediate delivery via Midnight Express Call
- Other requests - please specify:

NEW CUSTOMERS / PRESCRIBERS - Also return page 2

ALL customers: by submitting this request, agree to the following:
 Maggots are provided only for patient care; this is not a license to breed or
 redistribute them in any way. The ordering clinician assumes full responsibility
 for patient care. No promise of safety or efficacy is implied, nor should it be
 inferred. Maggots are prepared upon order; they are highly perishable and
 cannot be stored, reused, or returned. Problems with product quality must be
 reported within 24 hours of receipt to be eligible to receive refund or
 replacement (refund policy posted on internet). A fee may be assessed for
 orders cancelled less than 24 hours before shipping. Prices subject to change
 without notice. The client acknowledges understanding & agreement with our
 posted HIPAA-compliant policies for protecting personal health information.

Medical Maggots™ Order Form (continued)

* First-time Customers, please also complete this information *

Order placed by: Contact name: _____ Title: _____

Phone: _____ Fax: _____ E-mail: _____

Facility / Office: Facility / Practice Name: _____ Dept: _____

Address: _____

City: _____ State: _____ Zip code: _____

Phone: _____ Fax: _____ E-mail: _____

Facility Type (check one): Hospital Hospital-based clinic Wound care clinic Other Clinic
 LTC/SNF/Rehab Facility Home Care/Hospice Care Service Other: _____

Prescribing Physician: Name: _____ Degree: _____
(MD, DPM, DO, PharmD, etc)

Phone #: _____ E-mail Address: _____

Title & Specialty: _____ License / DEA #: _____

Shipping Address (if different from above):

Name: _____

Street address: _____

City: _____ State: _____ ZIP Code: _____ Country: _____

Billing Address (if different from above):

Name: _____

Street address: _____

City: _____ State: _____ ZIP Code: _____ Country: _____

Billing Information (payable to Monarch Labs):

Purchase Orders Credit Card Check

Credit card information: MC / VISA (circle) # _____ Exp date: _____

Name on Card: _____ Associated Phone #: _____

Referral source:

- www: _____
- Journal article: _____
- Conference or Course: _____
- Advert: _____
- News story: _____
- Observed or used at another facility: _____
- Colleague: _____
- Patient request: _____
- Other: _____