

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

Medical Maggots™ - Maggot-impregnated gauze, 2/vial, individually wrapped (~ 200 larvae per gauze pad)
Qty: ___ Vial of ~ 250 - 500 disinfected larvae \$190.00

Maggot MegaPak™ - Complete kit with everything you need (1 vial Medical Maggots, custom dressings up to 30 cm, **FREE** overnight shipping & more): \$290.00
 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
 ___ 8" x 8" pad \$22.00

LeGlu Adhesive™
 ___ 1 oz. bottle \$13.00

Tape, Durapore™
 ___ 1 roll \$ 3.00

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

Miscellaneous Supplies
 ___ LeSoc™ for Hooves \$18.00
 ___ Minty Maggot candy (each/box of 50) \$0.69 / \$28.00
 ___ Leeches (*Hirudo Medicinalis*) \$12 each/3 min.
 ___ 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 delivery (arrival by 10:30 am) \$64.00
- Saturday or Monday deliveries by special arrangement only; call in advance \$78.00
- First Overnight (arrival by 8:30 am, where available) \$125.00
- International delivery to Canada (by special arrangement; client agrees to reimburse all import duties, fees and taxes) Call
- 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 can not 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: _____

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: _____
- Advert: _____
- News story: _____
- Wound Care Course: _____
- Observed or used at another facility: _____
- Colleague: _____
- Patient request: _____
- Other: _____