

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

**Medical Maggots™** - disinfected *Phaenicia sericata* larvae  
**Qty:** \_\_\_ Vial of ~ 250 - 500 disinfected larvae \$119.00  
 \_\_\_ Vial of ~ 500-1,000 disinfected larvae \$179.00

**Creature Comforts™** Sterile polyester netted dressing  
 \_\_\_ 4" x 4" \$ 7.50  
 \_\_\_ 8" x 8" \$15.50  
 \_\_\_ 12" x 12" \$21.50  
 \_\_\_ 24" x 24" \$56.00  
 \_\_\_ Custom sizes Call  
 \_\_\_ Sterile nylon stocking dressing \$12.00  
 \_\_\_ Sterile nylon pantyhose dressing \$16.00

**LeFlap™ Dual-layered maggot confinement dressing**  
 \_\_\_ 3" x 3" for wounds less than 2" diam \$16.50  
 \_\_\_ 6" x 6" for wounds less than 5" diam \$24.00

**LeFlap DuJour™ customizable confinement dressing**  
 \_\_\_ 4" x 4" for wounds less than 3" diam \$19.50  
 \_\_\_ 8" x 8" for wounds less than 7" diam \$26.50

**LeSoc™ polyester net sock-like confinement dressing**  
 \_\_\_ 1¾" x 2½ (finger-sized)/pack of 10 \$ 6.00/ \$50.00  
 \_\_\_ 3" x 4" (two-finger-sized) \$10.00  
 \_\_\_ 4" x 6" (four-finger-sized) \$12.00  
 \_\_\_ 6" x 8" (hand-sized) \$18.00  
 \_\_\_ 8" x 12" (anterior foot-sized) \$24.00  
 \_\_\_ 12" x 18" (boot- or forearm-sized) \$36.00  
 \_\_\_ 18" x 24" (leg-sized) \$48.00  
 \_\_\_ 24" x 36" (thigh-high) \$65.00

**Hydrocolloid Pad**  
 \_\_\_ 4" x 4" pad \$ 9.75  
 \_\_\_ 8" x 8" pad \$19.75

**Nu-Hope Adhesive™**  
 \_\_\_ 1 oz. bottle \$12.50

**Tape, Durapore™**  
 \_\_\_ 1 roll \$ 2.75

**Transparent membrane dressing**  
 \_\_\_ 2" x 3", each \$ 0.85  
 \_\_\_ Box of 100 \$69.00

**Skin protectant wipe**  
 \_\_\_ 1 wipe, each / Box of 50 \$ 0.50 / \$22.00

**Miscellaneous Supplies**  
 \_\_\_ Heavy veterinary stretch tape; 2" \$ 4.50  
 \_\_\_ Equi-Thane Adhere (Vettec); 50cc \$ 20.00  
 \_\_\_ HOOFix Slipper Sock ( S / M / L ) \$ 19.50  
 \_\_\_ LeSoc™ for Hooves \$ 18.00  
 \_\_\_ Protex \$ 19.00  
 \_\_\_ Minty Maggot candy (each/box of 50) \$.69 / \$25.00

**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) \$46.00
- Priority Overnight delivery (arrival by 10:30 am) \$56.00
- Saturday or Monday deliveries by special arrangement only; call in advance \$69.00
- 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.

**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)

Title & Specialty: \_\_\_\_\_ 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: \_\_\_\_\_
- Colleague: \_\_\_\_\_
- Patient request
- Other: \_\_\_\_\_