

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 \$ 98.00
 ___ Vial of ~ 500-1,000 disinfected larvae \$150.00

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

**New maggot dressing
 scheduled to be listed here,
 July, 2011,
 pending FDA marketing clearance.**

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
 ___ Heavyweight stretch tape; 2" \$ 4.50
 ___ Equi-Thane Adhere (Vettec); 50cc \$ 20.00
 ___ HOOFix Slipper Sock (S / M / L) \$ 19.50
 ___ Leech Jar (32 oz, 64 oz, 128 oz) Call
 ___ Protex \$ 14.00
 ___ Minty Maggot candy (each/box of 50) \$.69 / \$30.00

Ordered placed by:

Contact name: _____

Degree / Title: _____

Facility Name: _____

Phone: _____

Fax: _____

E-mail: _____

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 door-to-door delivery via Midnight Express, using next-available commercial air flights Call
- Other requests - please specify:

NEW CUSTOMERS - Please complete 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 ***

Ordered placed by: Contact name: _____ Degree / Title: _____

Facility Name: _____

Phone: _____ Fax: _____ E-mail: _____

Prescribed by: Name: _____ Degree: _____
(MD, DPM, DO, PharmD, etc)

City: _____ State: _____ Zip code: _____

* Title & Specialty _____ * DEA #: _____

* Address: _____

* Phone: _____ * Fax: _____ * E-mail: _____

Shipping Address: (If shipping address is on file and unchanged, check here: ___ to skip this section)

Facility Name: _____

Street address: _____

Street address (continued): _____

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

Billing Information (payable to Monarch Labs):

Purchase Order Number: _____

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

Name on Card: _____ Phone: _____

Send bill to (or card-holder's address): _____

* Referral source (circle or write): www: _____

Journal article: _____

Conference: _____

Advert: _____

News story: _____

Colleague: _____

Patient request _____

Other: _____