



P.O. Box 125
604 N. Parkway Street
Wayland, IA 52654
Tel 877-766-7384
Fax 319-256-2501
www.mdorthopaedics.com



P.O. Box 125
604 N. Parkway Street
Wayland, IA 52654
Tel 877-766-7384
Fax 319-256-2501
www.mdorthopaedics.com

Description	Qty	Price	Subtotal
Ponseti Clubfoot Model		\$250.00	
Cast Application Rubber Legs - Set of 4		\$250.00	
Cast Application Rubber Leg - Stage 1, Right		\$75.00	
Cast Application Rubber Leg - Stage 1, Left		\$75.00	
Cast Application Rubber Leg - Stage 2, Right		\$75.00	
Cast Application Rubber Leg - Stage 2, Left		\$75.00	
Cast Models - Set of 5		\$225.00	
Tenotomy Model		\$93.00	
Domestic Shipping			
Ground Shipping		\$7.00	
3 rd Day Select Shipping		\$10.00	
2 nd Day Air Shipping		\$12.00	
Next Day Air Shipping		\$25.00	
Next Day Air Early AM Shipping		\$50.00	
International Shipping		Call for Quote	
Credit Card Discount		Less 5%	

Total _____

Special Instructions: _____

Name of Company: _____

Billing Address: _____

City: _____ State: _____ Zipcode: _____ Country: _____

Shipping Address (if different): _____

Phone: () _____ Email : _____

Method of Payment:

Donation Items - No Charge Loan Program - Return Items by _____

VISA Master Card Amex Discover PO # _____

CC # _____ Exp Date _____ Name _____

Date Ordered

Need By Date

Ordered By

Description	Qty	Price	Subtotal
Ponseti Clubfoot Model		\$250.00	
Cast Application Rubber Legs - Set of 4		\$250.00	
Cast Application Rubber Leg - Stage 1, Right		\$75.00	
Cast Application Rubber Leg - Stage 1, Left		\$75.00	
Cast Application Rubber Leg - Stage 2, Right		\$75.00	
Cast Application Rubber Leg - Stage 2, Left		\$75.00	
Cast Models - Set of 5		\$225.00	
Tenotomy Model		\$93.00	
Domestic Shipping			
Ground Shipping		\$7.00	
3 rd Day Select Shipping		\$10.00	
2 nd Day Air Shipping		\$12.00	
Next Day Air Shipping		\$25.00	
Next Day Air Early AM Shipping		\$50.00	
International Shipping		Call for Quote	
Credit Card Discount		Less 5%	

Total _____

Special Instructions: _____

Name of Company: _____

Billing Address: _____

City: _____ State: _____ Zipcode: _____ Country: _____

Shipping Address (if different): _____

Phone: () _____ Email : _____

Method of Payment:

Donation Items - No Charge Loan Program - Return Items by _____

VISA Master Card Amex Discover PO # _____

CC # _____ Exp Date _____ Name _____

Date Ordered

Need By Date

Ordered By