

Ship To

Name

Address

City, State, Zip

Phone / FAX

Bill To (if different)

Name

Address

City, State, Zip

Phone / FAX

Part Number	Description	Individual Price	Order Quantity	Total Price
992-9077	Patient Pamphlets: Pigmentation Lesion (Qty: 100)			
992-9076	Patient Pamphlets: Tattoo Removal (Qty: 100)			
992-9099	Patient Pamphlets: Managing Unwanted Hair (Qty: 100)			
992-9098	Patient Pamphlets: Skin Rejuvenation (Qty: 100)			
647-1950	Protective Window MultiSpot Hand piece			
659-0327	Protective Window Dye Hand Piece -			
992-9111	CD: Before and after MedLite Photos			
656-8860	Hand piece Accessories: Cone, Cylinder			
647-1912	Hand piece Accessories: Cone, Taper			
659-0308	Hand piece Accessories: Metal cone			
646-0500	Hand piece Accessories: 585nm Dye Replacement (Gold)			
646-0400	Hand piece Accessories: 650nm Dye Replacement (Red)			
312-9005	1064/532 Spectacles S/N _____ Approved _____			
312-9236	Clear Protective Eye Wear: 1064 only S/N _____ Approved _____			
312-9210	Patient Eye Shields			
312-9212	Dye Eyewear (585nm) GOLD S/N _____ Approved _____			
312-9213	Dye Eyewear (650 nm) RED S/N _____ Approved _____			
661-0163	Wireless Footswitch Includes Installation (Travel and Labor)			
661-0163	Wireless Footswitch Replacement			
659-0340	Printer Kit with charger (120V)			
436-9021	Printer paper (5 rolls)			
436-9022	Replacement printer battery			
436-9023	Printer RS232 cable			
992-9117	Physician Update			
429-0205	Keys			
659-0180	Multilite Polymer Dye Handpiece System: Includes 2 Pairs each of 585 and 650 nm Protective Eye Wear			
661-0153	Aiming Beam Includes Installation (Travel and Labor)			
656-8873	PurpuraLite Starter Kit (incl. hand tool, 1 box each spherical and spoon shaped windows and 2 hand piece cylinders)			
656-8867	PurpuraLite Hand Tool			
656-8870	1 Box (50 pcs) Spoon shaped Windows			
656-8871	1 Box (50 pcs) Spherical shaped Windows			

Credit Card Payment: MasterCard VISA AMEX

Credit Card Number: _____

Expiration Date (MM/DD): _____

Card Holders Signature: _____

This Order's \$ Total: _____
Orders must be charged to a Credit Card.

Specify Shipment Method: _____
 (Circle One) Overnight AM PM
 2nd Day
 Ground

**** **PRICES ARE SUBJECT TO CHANGE** ****
For updated price inquiries, contact Sales Admin. (510) 445-4500

Applicable Sales Tax and Shipping Charges will be added to your Order.

FAX this Completed Order Form to: (510) 445-4555
Orders received by 9:00 a.m. PST will be processed same day.