



SimpleECG ORDER FORM

H&H Medical Corporation
7109 Highland Drive, Suite 100
Salt Lake City, UT 84121

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“SHIP TO” ADDRESS MUST BE ENTERED IF DIFFERENT THAN “BILL TO” ADDRESS.

We cannot deliver to a P.O. Box. (* Represent mandatory fields)

Bill To:		
*Name		
*Date of Birth		
*Address: (P.O. Box)		
*City		
*County	*State	*Zip
*Phone #	*E-mail	

Ship To:		
Name		
Street Address:		
City		
County	State	Zip

Purchase of the SimpleECG requires a prescription. Please mail or fax your prescription along with your order.

Catalog Number	Quantity	U of M	Product Description	Unit Price	Total
10001		each	SimpleECG - Professional Model	\$725.00 ea	
10011		each	Replacement Electrode Cable	\$34.00 ea	
10010		each	Replacement USB Cable	\$19.00 ea	
10012		each	Replacement Storage Case	\$22.00 ea	
10015		pack	Replacement Electrode Pads, 10/pack	\$2.10 pk	
10013		each	Replacement SimpleECG Software CD	\$9.99 ea	
10014		each	Replacement ReadMyHeart Software CD	\$9.99 ea	
				Subtotal	
				Shipping Charges: SimpleECG \$11.00	
				Shipping Charges: Accessories \$5.00	
				Please add your applicable state and local sales and use taxes	
				TOTAL	

METHOD OF PAYMENT:

I have enclosed check # _____ in the amount of \$ _____ for this order.

Credit card.

Credit Card Information		
<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Discover Card
*Credit Card Number:		
*Name: (as it appears on card)		
*Expiration Date:		
Card Holder's Phone Number:		
Card Holder's Fax Number:		
*Card Holder's Billing Zip Code:		
*Card Holder's Signature:		

Mail Orders to:
H&H Medical Corporation
7109 Highland Drive, Suite 100
Salt Lake City, UT 84121
Mailed orders may be paid for by personal check. Orders will be shipped once the check has cleared. Never send cash in the mail.

Fax Orders to: 801-618-2911.

Make Checks payable to “H&H Medical Corporation”