Visi Derm®
SKIN MONITORING SYSTEM

Order Form

BULK COMPONENTS ARE-AVAILABLE. CONTACT US FOR PRICING.

Please print *clearly to ensure your order is entered correctly and shipped promptly.*
All orders will be shipped flat by First Class Mail and received within 1 week.

Ordered by: _____
(Name)

_____
(Company Name)

Telephone: ( ) _____ Fax: ( ) _____

Email: _____

Ship to: _____
(Name)

_____
(Company Name/Department)

_____
(Address)

_____
(Address)

_____
(City) (State) (ZIP)

Invoice to: _____
(Name)

_____
(Company Name/Department)

_____
(Address)

_____
(Address)

_____
(City) (State) (ZIP)

The complete Visiderm system includes 20 monitoring sheets, 4 dividers, 1 permanent marker, self-examination/skin cancer warning signs information, file box, reorder form, sample and instructions for use.

ORDER: Number of Kits _____ @ $13.95 Each (U.S.) **ORDER TOTAL $_____**

Up to 4 kits:
Add $3.00 for Shipping & Handling
5 or more products:
Contact us for Shipping & Handling charges

Payment by: ☐ **Check or Money Order enclosed**

☐ **Purchase Order No.** _____

No C.O.D.
DO NOT SEND CASH THROUGH THE MAIL.

Send this completed order form with payment or purchase order to:

By Mail: Melanie Christy
5022 W 86th Pl
Crown Point, IN 46307

Telephone: (219)689-7623
Email: info@visiderm.com
Website: www.visiderm.com

Delivery: Order will ship flat by First Class Mail and arrive within 1 week.

NOT A SUBSTITUTE FOR A PHYSICIAN. SEE A DERMATOLOGIST FOR REGULAR CHECKUPS AND BEFORE USING THIS PRODUCT.

Visiderm is a registered trademark.
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