

ORDER FORM—PLEASE FAX OR E-MAIL THIS FORM

Always call or email to confirm receipt of your order if you don't hear from us

Medicinal Maggots™ - Maggot-impregnated gauze,
2/vial, (~ 150-200 larvae per gauze pad)

Qty: ___ Vial(s) of ~ 350 disinfected larvae \$295.00

Maggot MegaPak™ - Complete kit with everything you
need (up to 1 vial Medicinal Maggots, dressings,
FREE standard overnight shipping) \$410.00

See www.monarchlabs.com/megapak for details)

Sheer Comfort™ Sterile polyester netted dressing

___ 4" x 4" \$10.00

___ 8" x 8" \$20.00

___ 12" x 12" \$28.00

___ 24" x 24" \$69.00

___ Custom sizes Call

___ Sterile nylon stocking dressing \$16.00

___ Sterile nylon panty hose dressing \$21.00

LeSoc™ polyester net sock-like confinement dressing

___ 1¾" x 2½ (finger-sized) \$ 7.00

___ 3" x 4" (two-finger-sized) \$12.00

___ 4" x 6" (four-finger-sized) \$16.00

___ 6" x 8" (hand-sized) \$22.00

___ 8" x 12" (anterior foot-sized) \$31.00

___ 12" x 18" (boot- or forearm-sized) \$46.00

___ 18" x 24" (leg-sized) \$62.00

___ 24" x 36" (thigh-high) \$84.00

Hydrocolloid Pad

___ 4" x 4" pad \$14.00

___ 6" x 6" pad \$26.00

LeGlu Adhesive™

___ 1 oz. bottle \$16.00

Tape, Durapore™

___ 1 roll \$ 4.00

Transparent membrane dressing

___ 2" x 3", each \$ 1.50

___ Box of 100 \$91.00

Skin protectant wipe

___ 1 wipe, each / Box of 50 \$ 0.76 / \$32.00

Order placed by:

Contact name: _____

Prescribed by: _____ LIC/DEA#: _____

Facility Name & Shipping Address: _____

Phone: _____ Fax: _____

E-mail: _____

PO# or Credit Card info: _____

Arrival date requested: _____

Note: Medicinal Maggots™ are highly perishable and should be used within 24 hours of arrival. Maggots that 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 (availability based on zip code), to arrive Tuesday - Friday.

Shipping/handling charges include temperature-controlled packaging, when required. Please specify:

Standard Overnight delivery (arrival by 4:30 pm) \$69.00

Priority Overnight (arrival by 10:30 am, if available) \$81.00

First Overnight (arrival by 8:30 am, where available) \$135.00

International delivery to Canada (by special Call

arrangement; client agrees to reimburse all import duties, fees and taxes)

Immediate delivery via Midnight Express Call

Other requests - please specify:

NEW CUSTOMERS / PRESCRIBERS - Also return 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 beyond that described in the package insert. Maggots are prepared upon order; they are highly perishable and cannot 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. The client acknowledges understanding & agreement with our posted HIPAA-compliant policies for protected health information.

Acknowledgements (please initial below)

___ [Each Medicinal Maggots™ vial is for one-time treatment to a single patient.](#) Otherwise, cross contamination may occur.

___ Properly dispose of used and unused maggots with other contaminated medical waste and ensure they are tightly sealed.

All prices are subject to change without notice.

All sales are final except for Medicinal Maggots™.

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*** New customers, please also complete this information for our records ***

Order placed by: Contact name: _____ Title: _____

Phone: _____ Fax: _____ E-mail: _____

Facility / Office: Facility / Practice Name: _____ Dept: _____

Address: _____

City: _____ State: _____ Zip code: _____

Phone: _____ Fax: _____ E-mail: _____

Facility Type (**check one**): Hospital Hospital-based clinic Wound care clinic Other Clinic
 LTC/SNF/Rehab Facility Home Care/Hospice Care Service Other: _____

Prescribing Physician: Name: _____ Degree: _____
(MD, DPM, DO, PharmD, etc)

Phone #: _____ E-mail Address: _____

Title & Specialty: _____ License / DEA #: _____

Shipping Address (if different from above):

Name: _____

Street address: _____

City: _____ State: _____ Zip code: _____ Country: _____

Billing Address (if different from above):

Name: _____

Street address: _____

City: _____ State: _____ Zip code: _____ Country: _____

Billing Information (payable to Monarch Labs):

Purchase Orders Credit Card Check

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

Name on Card: _____ Associated Phone #: _____

Referral source: www: _____
 Colleague: _____
 Conference or Course: _____
 Patient request: _____
 Other: _____