



## ORDER FORM — PLEASE EMAIL OR FAX THIS FORM

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

<p><b>Medicinal Maggots™</b> - 2 maggot-impregnated gauzes per vial, (~ 150-200 larvae per gauze pad)  <b>Qty:</b> ____ Vial(s) of ~ 350 disinfected larvae. <u>Call</u></p> <p><b>Maggot MegaPak™</b> - Complete kit with everything you need (1 vial Medicinal Maggots, dressings, etc. SHIPPING NOT INCLUDED. See our catalog for details.)  <b>Qty:</b> ____ Maggot MegaPak™ <u>Call</u></p> <p><b>Sheer Comfort™</b> Sterile polyester netted dressing          ____ 4" x 4" <u>Call</u>          ____ 8" x 8" <u>Call</u>          ____ 12" x 12" <u>Call</u>          ____ 24" x 24" <u>Call</u>          ____ Nylon stocking dressing <u>Call</u>          ____ Nylon pantyhose dressing <u>Call</u></p> <p><b>LeSoc™</b> Sterile polyester net sock-like confinement dressing          ____ 3" x 4" (two-finger-size) <u>Call</u>          ____ 4" x 6" (four-finger-size) <u>Call</u>          ____ 6" x 8" (hand-size) <u>Call</u>          ____ 8" x 12" (anterior foot-size) <u>Call</u>          ____ 12" x 18" (boot- or forearm-size) <u>Call</u>          ____ 18" x 24" (leg-size) <u>Call</u>          ____ 24" x 36" (thigh-high) <u>Call</u></p> <p><b>Hydrocolloid Pad</b>          ____ 4" x 4" pad <u>Call</u>          ____ 6" x 6" pad <u>Call</u>          ____ 8" x 8" pad <u>Call</u></p> <p><b>LeGlu Adhesive</b>          ____ 1 oz. bottle <u>Call</u></p> <p><b>Tape, Durapore™</b>          ____ 1 roll <u>Call</u></p> <p><b>Transparent membrane dressing</b>          ____ 2" x 3", each <u>Call</u></p> <p><b>Skin protectant wipe</b>          ____ 1 wipe, each <u>Call</u></p>	<p><b>Order placed by:</b></p> <p>Contact name: _____ Title: _____</p> <p>Phone: _____ Fax: _____</p> <p>Email: _____</p> <p>Prescribed by: _____ LIC/DEA#: _____</p> <p>Recipient/Facility Name, &amp; Shipping Address: _____          _____          _____          _____</p> <p>Purchase Order #: _____</p> <p>Credit Card info: _____          _____</p> <p><b>Arrival date and time requested:</b> _____</p> <p>Note: Medicinal Maggots™ are highly perishable and should be used within 24 hours of arrival. If maggots are non-viable on arrival or otherwise unusable, they will be replaced or refunded only if we are notified within 24 hours of receipt.</p> <p><b>Shipping: Monday through Friday via overnight delivery service (availability and arrival time based on zip code) to arrive Tuesday - Saturday. <u>Call for pricing.</u> Shipping charges include temperature-controlled packaging, when needed. Specify:</b></p> <p><input type="checkbox"/> Standard Overnight (arrival by 5:00 pm, if available)  <input type="checkbox"/> Priority Overnight (arrival from 10:30 am to 5:00 pm, if available)  <input type="checkbox"/> First Overnight (arrival from 8:00 am to 12 noon, if available)  <input type="checkbox"/> Other requests – please specify _____</p> <p><b><i>NEW CUSTOMERS / PRESCRIBERS - Also return Page 2</i></b></p> <p><b>ALL customers:</b> 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 produced weekly and prepared to order; they are highly perishable and cannot be 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). The client acknowledges understanding &amp; agreement with our posted HIPAA-compliant policies for protected health information.</p>
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**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™.**

17875 Sky Park Circle, Suite K, Irvine, CA 92614

Email: [sales@monarchlabs.com](mailto:sales@monarchlabs.com) / Phone: (949) 679-3000 / Fax: (949) 679-3001 / [www.monarchlabs.com](http://www.monarchlabs.com)



## ORDER FORM — PLEASE EMAIL OR FAX THIS FORM

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

**Facility / Office:** Facility / Practice Name: \_\_\_\_\_ Dept: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

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 #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Title & Specialty: \_\_\_\_\_

License / DEA #: \_\_\_\_\_

### Shipping Address (if different from Page 1):

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: MC / VISA / AMEX (circle) ☐ Check

☐ Credit card information: # \_\_\_\_\_ Exp date: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Associated Phone #: \_\_\_\_\_

**Referral source:** ☐ Colleague: \_\_\_\_\_

☐ Patient request: \_\_\_\_\_

☐ Other: \_\_\_\_\_

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