

Clinic Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_ Phone No: \_\_\_\_\_  
 E-mail: \_\_\_\_\_ Fax No: \_\_\_\_\_

Please send us the following SM/PO collaterals for our clinic:

PARIS ORTHOTICS	
Pathologies & Procedures	QUANTITY
<b>Patient Information – STOP THE PAIN</b> <small>(Referral Steps, Common Pathologies &amp; Orthoses Devices)</small>	<input type="text" value="10"/> <input type="text" value="20"/>
<b>Custom Rx Orthotics</b> <small>(What are Orthoses)</small>	<input type="text" value="10"/> <input type="text" value="20"/>
<b>Plantar Fasciitis</b>	<input type="text" value="10"/> <input type="text" value="20"/>
<b>Diabetic Foot</b>	<input type="text" value="10"/> <input type="text" value="20"/>
<b>Adult Acquired Flat Foot</b>	<input type="text" value="10"/> <input type="text" value="20"/>
<b>Shoe Selections Tips</b>	<input type="text" value="10"/> <input type="text" value="20"/>

REFERRAL PADS	
<b>SPORTMED / PARIS ORTHOTICS Rx</b>	_____ pads
<b>SportMed Maternity</b>	_____ pads
<b>Sigvaris Rx</b> <small>(Compression Stockings)</small>	_____ pads
<b>Foot &amp; Ankle Rx</b>	_____ pads

BROCHURE HOLDERS	
<b>4 BROCHURE ACRYLIC TOWER</b>	
<b>Number of Towers</b>	<input type="text" value="1"/> <input type="text" value="2"/>

SPORTMED	
Pathologies & Overview	QUANTITY
<b>About Us</b>	<input type="text" value="10"/> <input type="text" value="15"/>
<b>Lateral Ankle Sprains</b>	<input type="text" value="10"/> <input type="text" value="15"/>
<b>Patellofemoral Pain Syndrome</b>	<input type="text" value="10"/> <input type="text" value="15"/>
<b>Achilles Tendinopathy/Tendinitis</b>	<input type="text" value="10"/> <input type="text" value="15"/>

PRODUCT BROCHURES	
<b>Mom-Ez Maternity</b>	<input type="text" value="10"/> <input type="text" value="15"/>
<b>Sigvaris</b> <small>(Compression Stockings)</small>	
<b>Healthy Leg Guide</b>	<input type="text" value="10"/> <input type="text" value="15"/>
<b>Maternity Brochure</b>	<input type="text" value="10"/> <input type="text" value="15"/>
<b>Travel Brochure</b>	<input type="text" value="10"/> <input type="text" value="15"/>
<b>Embrace Air</b> <small>(Seating &amp; Sleep Supports)</small>	<input type="text" value="10"/> <input type="text" value="15"/>

PRODUCT INFORMATION	
<b>The Gadget Report</b> <small>(Printed Product Review)</small>	<input type="text" value="Y"/> <input type="text" value="N"/>
<b>WholeSale Price List</b> <small>(Wholesale Customers ONLY)</small>	<input type="text" value="Y"/> <input type="text" value="N"/>

Any Questions? Call Simon at 604.301.2471 or email askus@sportmedstore.com  
**Please Fax This Form To 604.301.2151**