

Order Form

(please fill out in BIG LETTERS or with your Computer!)

Health Technician Info:		Rep-ID-No. (GL #)	
First & Last Name			
Phone Number			

Client: Invoice Information:				
Title, First & Last Name	Mr.		Mrs.	
Address			Country	
City			State	
Phone			Cell Phone	
E-Mail (Tracking)				

Customer Delivery Address: (to be completed only if the address is different from the above)				
Title, First & Last Name	Mr.		Mrs.	
Address			Country	
City			State	
Phone			Cell Phone	

Art.No.	Description	Price (USD)	Units	Total (USD)
Total amount excl. Shipping and taxes:				
Sales Tax:				
Fast Shipping (Continental 48 states) 3 Day USD 125.- 2 Day USD 188.- Overnight USD 260.-				
Total amount incl. all appl. taxes (including all shipping charges)				

Method of Payment:

Credit Card Mastercard Visa American Express Discover
 pre-payment via bank transfer

Credit Card No.

Valid Until / Security Code

Name of Cardholder

Place, Date	Signature
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Waiver of Liability

MediConsult products are not intended to be used to diagnose, treat, cure or prevent any disease. Information and opinions expressed anywhere on the MediConsult website or in printed materials, or expressed by independent consultants may not be construed as medical advice.

Information and opinions given by MediConsult and/or their sales consultants in conjunction with the MediConsult iMRS and enerpuls are based upon comprehensive scientific studies which have already proven the medical effect of pulsating electromagnetic fields.

MediConsult products are not intended to replace conventional or alternative medical treatments, but are to be used as supportive application.

Although medically approved throughout Europe, MediConsult products have not been evaluated or approved by the FDA. MediConsult product users should read all directions and warnings prior to use. Any existing health problems should be diagnosed by a physician.

The undersigned releases MediConsult GmbH and its independent consultants from all claims, demands or legal actions and legal costs from any personal injury or death deemed as a result of the use of a MediConsult product.

Place, Date	Signature
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