

Mail or fax completed order form to:

Phoenix Ostomy
24210 27th Avenue NE
Arlington, WA 98223
(360) 403-4930
Fax (360) 925-1489

ORDER FORM

Measure around waist at stoma level to determine size.

Product	XS/S 24-31"	M/L 32-40"	XL/XXL 41-50"	Qty	Price	Qty x Price
Phoenix Ostomy Support System					\$49.99	
SUB TOTAL						
USPS 1st Class Mail is \$4.18 for the 1st item and .99 for each additional item. Delivery time: 1-7 days. USPS Priority Mail is \$6.79 for the 1st item and 1.99 for each additional item. Delivery time: 1-3 days.					S&H	
TOTAL						

Credit Card (circle): V / MC / AmEx / Disc

Name on Card: _____ Exp: _____

Credit Card #: _____ Card Code*: _____
(See instructions below)

Billing Address (must match credit card statement): _____

Shipping name and address (if different than billing): _____

Email or Phone# (will contact only if issue with order): _____

In addition to credit cards, we also accept money orders or cashier's checks made payable to "Phoenix Ostomy" We DO NOT accept personal checks. Please mail the completed form along with your payment to the address listed above.

*CARD CODE INSTRUCTIONS: Visa/MasterCard: The Credit Card Code is the last three numbers on the signature area on the back of the card.

Thank you for your order.