

Patient Education Materials Order Form – Two ways to order

– updated October 2018 –

**Print and complete this form and mail it to us with payment
or go online to www.uppercervicalillustrations.com**

For your convenience we accept checks, money orders and credit cards.
Please calculate your purchases **(CA residents, please add 8.75% sales tax).**
Total your order with shipping on the last page.

Item #	ILLUSTRATIONS ALL COPIES ARE 24" X 36"	Price	Qty	Recommended Use
0005-C	Head ... Bowling Ball Image	\$75.00		Use with "Report of Findings" and at public screenings. Display copies side-by-side for a simplified explanation of Body Balance
0010-C	Body Imbalance -- Sickness Image	\$75.00		
0015-C	Before and After - 2 Vertical Images	\$75.00		
0020-C	Body Balance - Health Image	\$75.00		
0025-C	Upper Cervical Care - Simplified	\$75.00		
0030-C	Body Imbalance - With Muscles	\$75.00		
0050-C	Here's What Happens - 4 Full Color Images	\$75.00		Use in any room
0060-C	Body Imbalance Always Precedes Pain and Suffering - 4 Full Color Images	\$75.00		Use in Consultation Room
0070-C	How is Body Imbalance Determined? Full Body Image	\$75.00		Display next to No. 0060-C
0075-C	Upper Cervical Corrective Care - Simplified	\$75.00		Use in Reception Room
0080-C	Problems That Have Responded...	\$75.00		Use in any room
0085-C	The Five Phases - 5 Full Color Images	\$75.00		Appropriate in any room
24x 36" copies	Add \$15.50 S&H - up to 3 illustrations USA Add \$31.00 S&H up to 3 illustrations Canada and overseas*			

Item #	BROCHURES and BOOKLETS	Price	Qty	Shipping/Handling
003	Tri-fold Brochure 100 pieces \$36.95, 200 pieces \$70.70, 400 pieces \$130.70, 500 pieces \$160.70			Add \$15.50 S&H per box USA Add \$31.00 S&H per box Canada and overseas* (200 per box)
0094	New Patient Guide Booklet (standard size, 8.5x11") 100 pieces \$300.00 200 pieces \$550.00 400 pieces \$1020.00			Add \$19.50 S&H per box USA Add \$39.00 S&H per box Canada and overseas* (200 per box)
0095	New Patient Guide Booklet (pocket size, 5.5x8.5") 100 pieces \$225.00 200 pieces \$410.00 400 pieces \$740.00			Add \$15.50 S&H per box USA Add \$31.00 S&H per box Canada and overseas* (200 per box)
0096	Upper Cervical Doctor's Objective (pocket size, 5.5x11") 100 pieces \$165.00 200 pieces \$290.00 400 pieces \$740.00			Add \$15.50 S&H per box USA Add \$31.00 S&H per box Canada and overseas* (200 per box)
Brochures and Booklets	SUBTOTAL ORDER PRICE with shipping and handling			

Item #	Upper Cervical DVDs	Price	Qty	Shipping/Handling
0099	Upper Cervical DVD – 43 slides, plays for 10 minutes then REPEATS	\$40.00		Free shipping USA, call for international shipping
DVD	SUBTOTAL ORDER PRICE – free shipping			
	TOTAL PRICE WITH SHIPPING AND HANDLING FOR ENTIRE ORDER			

Order by mail with this form or order online at www.uppercervicalillustrations.com

For your convenience we accept checks and credit cards. Print this form, add your order information and mail to us with payment (either check or credit card details) – or shop securely online at www.uppercervicalillustrations.com and pay by credit card. We use PayPal as credit card processor for your protection. You do not need a PayPal account to order online.

CHECK / MONEY ORDER INSTRUCTIONS (CA residents, add 8.75% sales tax to order BEFORE shipping charge).

- Check to send your payment by check or money order, payable to **ROBERT CLARK**.
Send your payments by mail to:

ROBERT CLARK
578 38th Avenue
San Francisco, CA 94121

*We'll process your order when payment is received. * Note: Some shipping charges may differ based on quantity. Please allow 2 weeks for delivery.*

CREDIT CARD ORDER INSTRUCTIONS



- Check to pay by credit card.

Type of card: _____

Name on the Card: _____

Credit Card Number: _____ (no spaces)

Amount of order including shipping: _____ (CA residents add 8.75% Sales Tax before shipping)

Credit Card Expiration date (MM/YYYY): _____

Security Code: _____ Billing Zip Code: _____

Billing address:

Street Address: _____

City: _____ State: _____ Zip: _____

Shipping Information:

Doctor's Name: _____ Phone number: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Describe your Upper Cervical Procedure: _____

E-mail address: _____

Website: _____

THANK YOU FOR YOUR ORDER