

Order Form

Sales Partner (SP):	
Rep-ID-No.	
First Name, Surname	

Client: Invoice address:				
Title, First Name, Surname	Mr.		Mrs.	
Address				
Post Code, Town, Country			Country	
V.A.T.				
Phone			Fax	

Client: Delivery address: (to be completed only if the address is different from the above)				
Title, First Name, Surname	Mr.		Mrs.	
Address				
Post Code, Town, Country			Country	

Art.No.	Description	Price (CAD/USD)	Units	Total (CAD/USD)
Total amount excl. all appl. taxes				
GST / HST (Canada only)				
PST / RST (Canada only)				
State Taxes (USA only)				
Total amount incl. all appl. taxes				

(including all shipping charges)

Method of Payment:

- pre-payment via bank transfer
- credit card
 - Mastercard
 - Visa
 - American Express

Credit Card No.:

Valid Until: /

Security Code:

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 MRS 2000+ designo HOME and MED 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 or Health Canada. 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.

Date, Signature: