

# ScienceBased Health® – Dr & Staff Order Form

Special Pricing for Doctors and Practice Employees

Email completed form to CustomerCare@sbh.com or call 1-888-433-4726. Please type or print clearly.

|  |   |
|--|---|
| <b>Staff Name (Please Print):</b><br>▶ | <b>Have you ordered products from us before?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>Shipping Address:</b><br>▶          | <b>City, State, Zip:</b><br>▶   |
| <b>Phone:</b><br>▶                     | <b>Email Address:</b><br>▶  |
| <b>Doctor or Practice Name:</b><br>▶   | <b>Doctor's SBH Account #:</b> 5020218<br>▶   |

| Qty  | Product                                      | Price*   | Ext. \$ |
|--|--|----------|---------|
|  | DiaVis®                                      | \$ 21.00 |         |
|  | HydroEye®                                    | \$ 15.00 |         |
|  | MacularProtect Complete®                     | \$ 17.00 |         |
|  | MacularProtect Complete®<br><i>drink mix</i> | \$ 20.00 |         |
|  | MacularProtect®                              | \$ 13.00 |         |
|  | OcularProtect®                               | \$ 18.00 |         |
|  | OcularEssentials®                            | \$ 12.00 |         |
|  | OmegaAdvance®                                | \$ 12.00 |         |
|  | OpticNerve Formula®                          | \$ 20.00 |         |
| <b>Subtotal</b>                                      |  |          |         |
| <b>Shipping &amp; Handling**</b> (see charges below) |  |          |         |
| <b>Sales Tax</b> (CA only)                           |  |          |         |
| <b>Total Sale</b>                                    |  |          |         |

\*Prices for staff of ScienceBased Health affiliated medical practices only. Not for resale. Prices subject to change without prior notice. \*\*Shipping charges and/or free shipping applicable only for shipments within the US.

## Payment Method. Choose only one option below:

**Check**

**Check Number:**  
▶

**Amount:**  
▶

**Credit Card**

**Card Type** (Circle one): Visa MasterCard AmEx Other

**Credit Card Number:**  
▶

**Expiration Date:**  
▶

**Cardholder Name (Print):**  
▶

**Cardholder Signature:**  
▶

**Electronic Banking**

(Void or photocopied check required)

**Bank Phone Number:**  
▶

**Bank Name & Location:**  
▶

**Account Number:**  
▶

**Routing Number (9 digit):**  
▶

**Account Holder's Signature:**  
▶

### ✓ Delivery Options (Check one only)

**Monthly Auto-Delivery** - Free Shipping! A one month supply of product is shipped to your doorstep each month and your credit card (or bank account, if Electronic Banking is selected) is billed monthly. Can be canceled at any time.

**Quarterly Auto-Delivery + Free Shipping!** - A three month supply of product is shipped to your doorstep every three months and charged (as described above) at the time of shipment. Can be canceled at any time.

**One-Time Order** - \*\*Shipping charges apply: \$5.95 for 1 bottle; \$7.95 for 2 bottles; free shipping for 3 or more bottles.