

# MyoVision SEMG Order Form/Price List

Payable To: Performance Biometrics~555 5<sup>th</sup> St, Ste 101G Santa Rosa,CA 95401 Phone 888-368-2766 FAX 707-581-2012

Name- First \_\_\_\_\_ Last \_\_\_\_\_ MI \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ FAX \_\_\_\_\_ Email \_\_\_\_\_

- \_\_\_ Option #1 EMG Static Only \$4,995
- \_\_\_ Option #2 EMG Static/Dynamic SEMG System \$6,495
- \_\_\_ Option #3 EMG w/ Dual Inclinometer/ROM Add \$3995
- \_\_\_ Option #4 EMG w/ ThermoGlide Add \$3500

**ASK ABOUT SPECIAL PRICING WHEN BUYING MORE THAN ONE ITEM.**

- \_\_\_ HP or Dell Computer with HP Printer: **CALL FOR PRICES**
- \_\_\_ Virtual Consultation Software \$695
- \_\_\_ California Customers please add 8.25%. Shipping not included. Please Call.

**ALL PACKAGES INCLUDE:** 1. 3 Year Warranty 2. Color Poster 3. Patient Ed. Brochures 4. Training/Screening CD. 5. FREE Telecoaching W/Dr. Miggins

**PAYMENT OPTIONS (Check, Credit Cards, Or Finance) PICK ONE:**

**1. Check/Cash (please make payable to Performance Biometrics, 555 5<sup>th</sup> St, Ste 101G Santa Rosa, CA 95401**

**2. Credit Card (Do not fill out this section if you are leasing)**

Card : \_\_\_ Visa \_\_\_ MC \_\_\_ AMEX \_\_\_ Other: \_\_\_\_\_  
 Credit Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_ Sec Code \_\_\_\_\_  
 Card Holder's Signature: \_\_\_\_\_ Today's Date \_\_\_\_\_

**3. Lease- Circle a term and individual equipment desired. *Approximate* payments:**

	<b>Term: 60 Mo.</b>	<b>48 Mo.</b>	<b>36 Mo.</b>
Static	\$115	\$136	\$171
Dynamic(must also purchase Static for this option)	\$32	\$39	\$49
Range of Motion	\$94	\$109	\$139
Thermography	\$92	\$108	\$137

**Add to the Above if Laptop/Printer Package Selected**                      **\$23      \$27      \$34**

***\$1 BUYOUT. TAX/SHIPPING NOT INCLUDED.***

To apply for a lease, please complete upper and lower portion of this form:

Years in practice: \_\_\_\_\_ Check One: \_\_\_ Proprietorship \_\_\_ Corporation \_\_\_ Partnership \_\_\_ LLC \_\_\_ Other: \_\_\_\_\_  
 President/Owner's Social Security # \_\_\_\_\_ (REQUIRED FOR FINACING/LEASING)  
 Home Address: \_\_\_\_\_  
 V.P./Partner Social Security # \_\_\_\_\_  
 Business Bank Name and Phone \_\_\_\_\_ Checking Acct # \_\_\_\_\_

(Owner/Pres.)

(V.P./Partner)

x \_\_\_\_\_ x \_\_\_\_\_  
 Signature                                      Date                                      Signature                                      Date

**PLEASE FAX TO 1-707-581-2012**

Questions? Call 1-888-368-2766