

Plantar Fasciitis Treatment Package **Order Form**

Name _____

Address _____

Phone (home) _____

Mobile _____

Dob ____ \ ____ \ ____ - ____ - ____

Delivery address (leave blank of same as above) _____

Select your size (please refer to size chart)

size 1 (small)

size 2 (large)

Freight method (please tick box)

Express post + \$9.00

Parcel post + \$5.00

Cheque (payable to Melbourne Orthotics p/l)

Direct deposit - indicate date of transfer and reference

I will come and collect - no charge

Method of payment (we do not accept diners of amex)

Mastercard

Visa

Cheque (payable to Melbourne Orthotics)

Direct deposit

Card no exp /

Name on card _____

Signature _____

Product will be dispatched upon confirmation of funds transfer, please allow 24 hours for processing of orders.