

Email to: info@insideoutphysio.com

## **Leukotape** Order Form



Subject heading: leukotape order

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## This form is a fillable PDF and can be filled in electronically or by hand and emailed to:

ne of Facility (if any):					
		City / Town:			
vince:	Postal Cod	Postal Code:		Telephone:	
ITEM	COLO		UNIT PRICE (per roll)	TOTAL	
Leukotape – K 5 cm x	5 m Beig	ie e	, ,		
Per Roll \$ 19.99	Pink	:			
\$ 18.99 (5 or more)	Blue	,			
	Blac	:k			
<b>Leukotape – K 7.5 cm</b> \$ 26.99 Per Roll	<b>x 5 m</b> Red		\$ 26.99		
<b>Leukotape – P</b> 3.8 cm \$ 14.50 Per Roll	<b>x 13.7 m</b> Beige		\$ 14.50		
<b>Hypafix 5 cm x 10 m</b> \$ 12.00 Per Roll	White		\$ 12.00		
		Sub-total			
		HST 13%			
		Shipping (w	(will be calculated after order receive		
		TOTAL			
PAYMENT - Order v	will not ship until payment h	nas been received in	full		
□ VISA	Card Nun	Card Number:			
	Expiry Da	Expiry Date: /			
MasterCard	Card Hold	Card Holder Name:			
	Payable t	Payable to: InsideOut Physiotherapy			
Cheque	To be ma	To be mailed to: InsideOut Physiotherapy & Wellness Group 1200 Bay St. Suite # 502 Toronto, ON M5R 2A5			