CRH O'Regan System®
Non-Surgical Hemorrhoid Treatment
Fast. Painless. Proven.

Ligator Order Form

• For Internal Use Only •
Order # _____
Company Code _____

Please return completed form by fax or email to: 866-477-5386 or orders@crhmedcorp.com
If you have questions regarding your order, please call 800-660-2153 ext 1036

1) COMPANY NAME: _____

2) Physicians Name: _____

3) Order Contact Name: _____ Email: _____

SHIP TO ADDRESS: _____

City | State | Zip Code | Country

TELEPHONE: EXT. FAX:

BILL TO ADDRESS:

CUSTOMER P. O. Number: ORDER DATE (mm/dd/yyyy) ☐☐ ☐☐ 20☐☐

PRODUCT PURCHASE DESCRIPTION:

QTY	ITEM NO	DESCRIPTION	PRICE/UNIT	TOTAL PRICE
	11-4120	CRH O'Regan System (without Anoscope): Each box contains 20 individual packages which include: – 1 (one) Ligator – 3 (three) Bands	$1,470 per box	

Prices valid in the U.S. only

DELIVERY SERVICE OPTIONS: (please check only one) ***Please note that all orders placed after 1pm PT will be processed the next business day.***

☐ FEDERAL EXPRESS GROUND (Provided free of charge - please allow 5 - 7 days from processing date for delivery)

If you would prefer expedited delivery, please choose an option below and you will be invoiced accordingly.

OVERNIGHT: ☐ STANDARD OVERNIGHT - NEXT DAY BY 3PM ☐ PRIORITY OVERNIGHT - NEXT DAY BY 10:30AM ☐ FIRST OVERNIGHT - NEXT DAY BY 8AM

☐ **2 DAY DELIVERY** ☐ **3 DAY DELIVERY**

IF PAYING BY CHECK SEND PAYMENT TO: CRH Medical Corporation P.O. Box 809178, Chicago, IL 60680-9178

PAYMENT INFORMATION *(check appropriate method):* ☐ Invoice ☐ Visa ☐ Mastercard ☐ American Express

Please contact accounting at 1.800.660.2153 ext 1027 to process VISA, Mastercard or American Express charges

BUYER HAS READ, UNDERSTANDS AND AGREES TO THE TERMS AND CONDITIONS ON THE REVERSE OF THIS ORDER FORM

Signature _____ Date (mm/dd/yyyy) ☐☐ ☐☐ 20☐☐