

# Dopalights Order Form

Mail/email this form with a check, money order, or credit card information to:

**Alternative Speech and Swallowing Solutions, Inc.**  
**2902 Portsmouth St.**  
**Deltona, FL 32738**

**Email Address:** alternativespeech@yahoo.com  
**Ph. Number:** 407-766-8625  
**Website:** alternativespeech.com

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Shipping Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Phone number and email address will only be used in case of a problem with your order. Your privacy will be protected.

**If paying by credit card please fill out credit card information below:**

Name on Credit Card: \_\_\_\_\_ - \_\_\_\_\_

Credit Card Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Card Number: \_\_\_\_\_ Card Type: \_\_\_ Master Card \_\_\_ Visa \_\_\_ Am Express

Expiration Date: \_\_\_\_\_ CSC: \_\_\_\_\_ (3 digits on the back of your card)

Item	Quantity	Price	Light Color	Total
Dopalights Basic Red Light Wristband (battery)	_____	\$ 20.00		_____
Dopalights Rechargeable Red Light Wristband	_____	\$ 30.00		_____
<b>Dopalights Soft Vinyl Rechargeable Wristband</b> (more comfortable, more durable, stays charged twice as long)	_____	<b>\$ 40.00</b>	_____	_____
Dopalights Red Light Headband	_____	\$ 30.00		_____
Dopalights White Light Headband	_____	\$ 30.00		_____
Dopalights Individual Light Piece	_____	\$ 30.00	_____	_____
Dopalights Color Light Therapy Set	_____	\$120.00		_____
Dopalights Color Light Therapy Deluxe Set	_____	\$150.00		_____
Dopalights Pain Patch Pack	_____	\$ 40.00		_____
Dopalights Extra Strength Pain Patch Pack	_____	\$100.00		_____
Shipping (\$10 US, \$30 International per order (not per item))		\$10/\$30		_____

Total: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_