

**S.A.MAHER, INC**  
**845 W. BAGLEY RD**  
**BEREA, OHIO 44017**  
**440-777-5544 (PHONE) 440-777-5094 (FAX)**  
**samaherinc@yahoo.com**

**RENTAL UNIT ORDER FORM**

PLEASE NOTE: FOR PATIENTS WHO ARE "SELF PAY" WE WILL NEED CREDIT CARD INFORMATION. PLEASE INDICATE YOUR PREFERENCE: SEE BELOW FOR CREDIT CARD [ ] OR SHOULD S.A MAHER, INC. CONTACT THE PATIENT [ ] .

CLINIC NAME & ADDRESS: \_\_\_\_\_  
 (SHIPPING ADDRESS) \_\_\_\_\_

<b>SHIP TO:</b>	ORDERD BY: _____ DATE NEEDED: _____
CLINIC [ ]	PHONE #: _____ FAX #: _____
PATIENT [ ]	

PATIENT: \_\_\_\_\_ DIAGNOSIS: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 PHONE #: \_\_\_\_\_ ALT PHONE #: \_\_\_\_\_  
 CREDIT CARD # \_\_\_\_\_ EXP. DATE: \_\_\_\_\_ SEC. CODE: \_\_\_\_\_  
 NAME ON CARD IF DIFFERENT THAN PATIENT NAME: \_\_\_\_\_

**(S) EMG BIOFEEDBACK DEVICE (S)** **MONTHLY RENTAL FEE**

[ ] TR-10 PATHWAY SINGLE CHANNEL ----- **\$60.00 (PER MONTH)**  
**\$685.00 PURCHASE**

**(S) EMG & E. STIM ACCESSORIES** **PURCHASE PRICE**

[ ] ADAPTOR FOR INTERNAL SENSORS OR EXT. CABLES FOR THE TR / MR SERIES ABOVE---- **\$60.00 (N/C DURING RENTAL)**

[ ] #6330 PATHWAY VAGINAL (S) EMG /E. STIM SENSOR----- **\$48.00**

[ ] #6340 PATHWAY RECTAL (S) EMG / E STIM SENSOR----- **\$48.00**

[ ] #5328 PATHWAY EXTENDER CABLES ----- **\$45.00**

[ ] #6801 SNAP ON ELECTRODES ----- **\$15.00 PER PKG**  
**(N/C WITH INTIAL ORDER)**

**PELVIC FLOOR E. STIM DEVICE (S)**

[ ] PATHWAY STM-10----- **\$60.00 (PER MONTH)**  
**RENTAL APPLIES TO THE PURCHASE PRICE OF \$550.00**

DOES YOUR PATIENT HAVE AN INTERNAL SENSOR? [ ] **YES** [ ] **NO.** WHAT MODEL? \_\_\_\_\_