

**S. A. MAHER, INC**  
**440-777-5544 (PHONE) 440-777-5094 (FAX)**

**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 CONTACT THE PATIENT [ ]**

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

**SHIP TO:**  
CLINIC [ ]  
PATIENT [ ]

ORDERED BY: \_\_\_\_\_ DATE NEEDED: \_\_\_\_\_  
PHONE #: \_\_\_\_\_ FAX #: \_\_\_\_\_

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)**

[ ] TR-10 PATHWAY SINGLE CHANNEL \_\_\_\_\_ \$685.00 PURCHASE

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

**PURCHASE PRICE**

[ ] ADAPTOR FOR INTERNAL SENSORS OR EXT. CABLES FOR TR/MR SERIES ABOVE \_\_\_\_\_ \$60.00

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

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

[ ] #6801 SNAP ON ELECTRODES \_\_\_\_\_ \$15.00 PER PKG

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

[ ] PATHWAY STM - 10 \_\_\_\_\_ \$685.00 PURCHASE

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