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Account Name: _____
 Ordered by: _____
 Tel.# _____

Account # _____
 Date: _____
 P.O. # _____

MasterCard & Visa Accepted

Bandage Order Form

Description	Size	Unit Price US\$	Quantity	Total US\$
Short stretch bandages				
Dema-Band (short stretch,brown)	4cm x 5m	4.65		
Rosidal (short stretch, brown)	6cm x 5m	5.40		
Rosidal (short stretch, brown)	8cm x 5m	6.83		
Rosidal (short stretch, brown)	10cm x 5m	7.99		
Rosidal (short stretch, brown)	10cm x 10m	15.16		
Rosidal (short stretch, brown)	12cm x 5m	9.80		
Rosidal (short stretch, brown)	12cm x 10m	18.12		
Idealbinde (short stretch, white)	15cm x 5m	8.95		
Padding Bandages				
Artiflex (synthetic padding)	10cm x 3m	3.25		
Artiflex (synthetic padding)	15cm x 3m	4.75		
Rosidal Soft - .4mm Thick	10cm x 2.5m	6.00		
Rosidal Soft - .4mm Thick	12cm x 2.5m	7.73		
Rosidal Soft - .4mm Thick	15cm x 2.5m	10.43		
Tubular bandage				
tg 5 (tubular bandage)	5.5cm x 20m	11.13		
tg 6 (tubular bandage)	6.5cm x 20m	11.37		
tg 7 (tubular bandage)	7cm x 20m	11.70		
tg 9 (tubular bandage)	12cm x 20m	13.01		
K1 (tubular bandage)	Small trunk	14.92		
K2 (tubular bandage)	Large trunk	17.96		
3M (tubular bandage)	7.6cm x 22.8m	41.44		
3M (tubular bandage)	10.1cm x 22.8m	48.80		
3M (tubular bandage)	15.2cm x 22.8m	69.83		
Elastic gauze bandage				
Transelast (Finger, Toe gauze)	6cm x 4m	.80		
Transelast Classic (gauze)	6cm x 4m	.57		
Mollelast (gauze)	4cm x 4m	.49		
Mollelast (gauze)	6cm x 4m	.66		
Mollelast (gauze)	8cm x 4m	.64		
Mollelast (gauze)	10cm x 4m	.78		
Lenkelast (gauze)	6cm x 5m	1.25		
Lenkelast (gauze)	8cm x 5m	1.60		

Foam		Unit Price US\$	Quantity	Total US\$
Komprex (orange foam, sheet)	50cm x 100cm	28.58		
Komprex II Foam Padding	65cm x 65cm	65.00		
Komprex (orange foam)	small kidney	1.95		
Komprex (orange foam)	large kidney	3.35		
Foam (gray foam, sheet)	1/4" 3' x 6'	9.00		
Foam (gray foam, sheet)	1/2" 3' x 6'	17.00		
OTHER PRODUCTS				
It Stays Adhesive Lotion	2 FL. Oz.	7.25		
Bandage Winder		15.00		
Variance Powder Wash	18 oz.	9.00		
Variance Liquid Wash	16 oz.	8.00		

Sub-Total
* Shipping
TOTAL AMOUNT

Shipping Address:
Name:
Address:
City, State, Zip:

MASTERCARD # _____

EXP.DATE _____

VISA # _____

EXP. DATE _____

**Exact shipping added at time of shipment based on weight and zip code.*

Bandage supplies may not be returned due to health risks.