



# BEDSIDE PAIN MANAGER

*Conversions & Information  
For Pain and Symptom Control*

## ORDER FORM ♦ PRICE LIST

### ☛ YOU CAN ORDER:

- **BY PHONE: 1-888-214-8360 (Toll-Free)**
- **ONLINE: [www.bedsidepainmanager.com](http://www.bedsidepainmanager.com)**
- **BY MAILING OR FAXING THIS FORM**  
(to address or fax # below)

QUANTITY	UnLAM	LAMINATED
1 .....	\$ 12.00 .....	\$ 14.00
2-4 .....	11.00 .....	13.00
5-9 .....	10.00 .....	12.00
10-29 .....	9.00 .....	11.00
30-49 .....	8.00 .....	10.00
50-99 .....	7.00 .....	9.00
<i>For orders above 99, please call</i>		

*For institutional orders that require an invoice, please call*

ITEM	Quantity	\$/Copy	Total
Bedside Pain Manager - unlaminated	x	=	
Bedside Pain Manager <b>LAMINATED</b>	x	=	
STANDARD SHIPPING – US Mail or UPS ground at our discretion			\$4.00
Additional charge if expedited or special shipping requested – Call 888-214-8360			
<b>TOTAL</b>			

Name \_\_\_\_\_ Date \_\_\_\_\_

### SHIPPING INFORMATION

Name/Organization \_\_\_\_\_ Attn: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

How did you hear about this product?  previous customer  mailing  online  colleague  
 other \_\_\_\_\_

Enclosed find my check for: \$ \_\_\_\_\_ ➤ Make payable to **Pain Management Resources or PMR**

Please charge my credit card this amount: \$ \_\_\_\_\_

VISA  MasterCard  American Express  Discover

Card # \_\_\_\_\_ Exp. \_\_\_\_\_ 3 Digit Security Code (CVC) \_\_\_\_\_

### WHEN YOU HAVE COMPLETED THIS FORM, PLEASE:

**FAX to 1-888-627-6911 (TOLL-FREE)**  
(fax credit card orders only please)

**or cut out label ⇒**  
and mail to:

Pain Management Resources  
PO Box 548  
Lakeview, OR 97630

*All prices and payments in U.S. dollars. Prices subject to change without notice. Money back guarantee.*