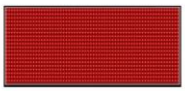
RegenOMedix™
REGENERATIVE SOLUTIONS

REQUESTED DELIVERY DATE:	**SOURCE CODE**	**REP**
Last Name	**First Name**	**NPI**
Company		
Shipping Address		
City	**State**	**Zip Code**
Email	**Phone**	

PRODUCT	VOLUME	PRICE	QTY	TOTAL
4D Mask 280 Medical Grade Diodes 8 + 1 Color Spectrum 465nm / 530nm / 630nm / 850nm Integrated Battery – USB-C Wireless Control		**$139**		**$**
Knee Device 100 Medical Grade Diodes Red / Red + NIR 660nm / 850nm 4 Massage / 2 Heating modes		**$98**		**$**
Shoulder Device 100 Medical Grade Diodes Red / Red + NIR 660nm / 850nm 4 Massage / 2 Heating modes		**$98**		**$**
Handheld Body Device 63 Medical Grade Diodes 4 Professional Wavelengths 400nm / 465nm / 630nm / 850nm Integrated Battery – USB-C		**$49**		**$**
Chest / Shoulder Device 280 Medical Grade Diodes Red / Red + NIR 660nm / 850nm 600mm x 700mm x 8mm		**$88**		**$**
Hair Cap 408 Medical Grade Diodes Red / Red + NIR 660nm / 850nm 3 Dimming & 4 Pulse Levels Integrated battery – Neoprene		**$179**		**$**
Foot Slippers 360 Medical Grade Diodes Red / Red + NIR 660nm / 850nm 2 Dimming & 2 Pulse Levels Integrated 20 min timer – USB-C		**$115**		**$**

Workout Mat 3,840 Medical Grade Diodes Red / Red + NIR 660nm / 850nm 3 Dimming & 4 Pulse Levels 1800mm x 800mm		**$665**		**$**
Power Panel 150 Medical Grade Diodes Red / Red + NIR 610nm/630nm/660nm/810nm/ 830nm/850nm/940nm/1060nm 12 Smart Modes-EMS/TENS 7 pre-set Nogier Frequencies		**$442**		**$**
Body Belt 315 Medical Grade Diodes Red / Red + NIR 660nm / 850nm 3 Massage & 3 Pulse Levels		**$87**		**$**
			SUBTOTAL	**$**
Transportation rates are to be determined at the time of shipment.			**SHIPPING**	**$**
			TOTAL	**$**

PAYMENT AUTHORIZATION

Card Type: ◎ **Visa** ◎ **Mastercard** ◎ **American Express** ◎ **Discover**		
Card Number:	**EXP:**	**CVV:**
I approve the use of this Credit Card Authorization Form to purchase services or merchandise from RegenOMedix. I agree to pay for these items and release Zizion Group from any liabilities related to this authorization. My signature on this form will be considered as the authorized signature on the credit card slip.		
Print Name:	**Billing Zip Code:**	
Signature:	**Date:**	

EMAIL ORDERS TO
Orders@RegenOMedix.COM