



Venous Screening Program

Know your risk factors!

Order Form - Patient Education Brochures

ITEM#	ITEMS PER BOX	DESCRIPTION	PRICE	SHIPPING	NUMBER OF BOXES	TOTAL COST
PEB-CVI	100 (# per box)	What you need...Chronic Venous Insufficiency	\$25	\$7.95*		
PEB-VT	100 (# per box)	What you need...Venous Thromboembolism	\$25	\$7.95*		
PEB-VVSV	100 (# per box)	What you need...Varicose Veins and Spider Veins	\$25	\$7.95*		

Subtotal:

**Shipping/
Handling**

**Total
Amount
Due**

SHIP TO:

Name _____

Credentials _____

Institution/Company _____

Address _____

City/State/Zip _____

Phone _____

Email _____

Fax Order

414-276-3349

Mail check to:

American Venous Forum

555 E. Wells Street
Suite 1100
Milwaukee, WI 53202
Phone 414-918-9880
Fax 414-276-3349

*Make checks payable to
the American Venous Forum*

CREDIT CARD INFORMATION

Credit Card Number _____ **Exp. Date** _____

Signature _____

**All items shipping outside of the Continental United States may incur additional shipping charges.*