	Blank Forms on CD Order				
1031	Name: Date:				
	Shipping Address:				
Gay Lee Gulbrandson	Cell Phone: Email:				
	Gay Lee Gulbrandson, CLT-LANA, NCTMB, CMT				
	GAYLEE@VodderMLD.com OFC 510.849-1388 FAX 510.558=8363				
Order & Receipt					

Order Qty Product Description	Pages	Custom Price	Total
O1 (Pt) Health History Intake Questionnaire O2 (Pt) Lymphedema Intake Questionnaire O4 (Pt) Personal Health Plan * <i>Text Reg'd(over</i>	e2	_ 24.00_	
02 (Pt) Lymphedema Intake Questionnaire	2_	_ 24.00_	
02 (Pt) Lymphedema make Questionnaire 04 (Pt) Personal Health Plan * <i>Text Req'd(over</i> 06 (Pt) Risk Reduction/Safety Plan	2_	_ 92.00_	
06 (Pt) Risk Reduction/Safety Plan	2	_ 24.00_	
08 (Pt) Kenisio Taping Info	1_	_ 15.00_	
10 (Practitioner) Leg Edema Evaluation	<u>1</u> _	_ 15.00_	
00 (1') Hisk field citol/safety rain 08 (Pt) Kenisio Taping Info 10 (Practitioner) Leg Edema Evaluation 12 (Pt) Hydrotherapy Exercises Info 14 (Pt) ClientAdvisoryafterTreatment(Tri-fold)*7	2_	_ 20.00_	
14 (Pt) ClientAdvisoryatter ireatment(Iri-fold)*	ext _2_	_ 56.00_	
16 (Pt) Client Comment & Suggestions (Bi-fold) * 00 (Pt) New Client Brochure (Bi- or Tri-fold) *	ext _2_		
[00 (Pt) New Client Brochure (Bi- or Tri-toid) ^		_138.00_	
17 (Pt) Self Massage Arm LE	<u></u>	_ 24.00_	* - • •
18 (Pt) Self Massage Bi-Lateral Arm LE	·····1_	_ 24.00_	\$ 500 .00
19 (Pt) Self Massage Leg LE	l_	_ 24.00_	
17 (Pt) Self Massage Arm LE 18 (Pt) Self Massage Bi-Lateral Arm LE 19 (Pt) Self Massage Leg LE 20 (Pt) Self Massage Bi-Lateral Leg LE 33 (Pt) Stroke Test Card 40 (Practitioner) Med. Model Photo Conse	I	_ 24.00_	Value Now
33 (Pt) Stroke Test Card	Z	24.00	Incl. Topic
40 (Practitioner) Med. Model Photo Conse		_ 24.00_	Cards!
41 (Prac) Rate / Fee Sign_1_ 42 (Prac) Gift Certificate _1_ 4 Calendar_1_ 46 (Prac) Vacation Referral Letter_1_ 61 Thank-you _1_ 49 (Prac) Payment Receipt 1_ 61 Intake/Assessment _1 62 (Prac) Patient S.O.A.P. N Sample LOGO_1_ ART (Prac) 3 Beautiful Waiting area/tr Supple LOGO_1 ART (Prac)	47 (Prac) weekiy 47 (Prac) Referral	_ 15.00_ _ 15.00_ _ 15.00_ _ 15.00_	
Thank-you 1_ 49 (Prac) Payment Receipt 1_ 61	(Prac) Patient		Only
Intake/Assessment 1 62 (Prac) Patient S.O.A.P. N Sample LOGO 1 ABT (Prac) 3 Beautiful Waiting area/tr	otes _1_ LOG (Prac)	_ 15.00_ 15.00	^{\$} 66.00
SLIT (PL) Introductory Slide Snow For MLD Clients _21 Slides		_ 15.00_ _ 15.00_	
SLI2 (Pt) Introductory Slide Show For LE Patients 45 slides	1.0//	Only-	Bonus:
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Easy One CD Includeer All Teni		\$ <i>66.00</i>	slide shows
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PLUS 12 MORE Managem	<u>ent Forms !!</u>	Forms	
Simply enter the information you	want on the	Included	
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To order Blank Forms CD without customized form	ns, leave blank.	Total	
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m ordering information is explained on back of form. No ref			

Changes to text / new text must be sent with custom orders. Text changes are \$1.00 per line or item (Name is free).

PLEASE: retain copy for your records. Mail: P O Box 7337, Berkeley, CA 94707-0337 FAX: 510-558-8363

CREDIT CARD PAYMENT: Name on card (if different from order):			PLEASE PRINT LEGIBLY Billing Zip		
Card Number:		Expire: agree to pa	y the above		
PRINT AND MAIL, FAX, OR EMAIL: FILL OUT ORDER FORM LEGIBLY, INCLUDING PHONE NUMBERS. SIGN THE CREDIT CARD ORDER.FOR HELP: OFC. 510. 849-1388FAX 510. 558=8363EMAIL: GAYLEE@VodderMLD.com.MAIL: GAY LEE GULBRANDSONP.O. BOX 7337BERKELEY, CA 94707-0337					

WE CUSTOM PREPARE Forms FOR YOUR PRACTICE: Order Information:

1- The PRAC00 New Client Brochure requires text that must be written by you, (+ optional location map).

2- The **PRAC14 Post-Treatment Client Advisory** & **PRAC16 Client Comment & Suggestion Card** need your short CV and licenses/certs; sent in digitally (email or disc) is \$5., sent in longhand is \$10. + proof if requested.

2- Text must be legibly written or sent on a disc/emailed and sent with order. Additional custom text changes (if not incl. in listed price) are \$1.00 per line or item (your Name is no extra charge). Contacts needed to correct/clarify orders are charged at proof rate of \$5. per page faxed/emailed to you.

3- If you have a logo or photo to use on a form, provide it as a .PDF or .TIFF on a disc or by email (+ \$10.00). Scanning in your logo art or photo (mailed to us) and inserting it is one-time \$25.00 fee (includes clean-up).

4- Minimum order \$70.00 (incl. shipping) plus tax in CA. Proofs requested are faxed or emailed (\$5.00 per page).

5- Payment must accompany order. No refunds after order is begun. Please keep a copy of your Order Form!

* Your custom text attached for insert (see below)?

Is your logo coming to us? Digital File? To scan? Is your CV coming to us? Digital File? Longhand?

Printed color originals are \$2.00 per page. Qty?: _____ Form?

NOTE: Once you have purchased the forms, you own the disc on which they are provided, and you may make any changes or additions. Forms are prepared in MS Word and PDFs are included for evaluation. Sometimes formatting needs to be adjusted depending on your word program, and computer platform, and desired text. You may make any changes you need or desire. Please retain Gay Lee's tiny copyright imprints on the forms.

We recommend you print the forms on high quality ultra bright 32# (laser) paper, using a high color laser printer (if available), and of course cut & fold brochures as needed.

Text is required to customize the *Personal Health Plan* form (partial sample below). Please provide your text for **all** gray areas below on a disc, identified by the large green letter below. Entering your legible text is included in price shown for this item on the order form. (\$72.00)

The default logo shown below left will be used unless requested otherwise. MLD PRAC FORMS CREER & 2008 G L Gubrandoon Berkeley, CA

STOCK LOGO (DEFAULT): Healing Hands	Personal Health Plan (Blanks To Fill) Name: Date: Date: APPOINTMENT SCHEDULE: Date: Practitioner_eMail Practitioner_Name Practitioner_eMail Phone OFC Phone OFC Phone FAX WebURL ADDRESS			
A other health experience of the progress toward h	can refer you to many	Self M	Care / Personal Plan Information Resources: (NAME) website has online info about lymphedema, and more links for further resources. www.VodderMLD.com	
Thank you for your order.				