



Obstructive Sleep Apnea
Patient Demonstration Model

Name: _____
First Last

Address: _____
We cannot ship to P.O. Boxes

City: _____ State: _____

Country: _____ Zip/Postal Code: _____

Phone: _____

eMail: _____

how did
you hear
about us? _____

Please print carefully

Description	Qty.	Unit	Cost	Price
Airhead Obstructive Sleep Apnea Patient Demonstration Model		x	\$385	=
			Subtotal	
			GA residents add 6% Sales Tax	
			Shipping/Handling (\$16 first unit; \$6 each additional unit)	
			TOTAL	

Please mail completed form and & payment (in U.S. funds) to:



TMD Technologies, Inc.
P.O. Box 2801
Lilburn, GA 30048