

Speed2Treat Home Healing Kit Order Form

Email complete order form to info@quicksplint.com

Provider Name: _____

Office Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

Fax: _____

Email Address: _____

Ship To Office

Ship To Patient

Credit Card Information

Name on Card: _____

Credit Card Number: _____

Expiration: _____ CVC: _____ Zip Code: _____

Patient Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Patient Email: _____



Home Healing Kit Pricing

1 Home Healing Kit - \$125

Shipping: Free USPS Priority Mail (Ground). Other options will be additional an at-cost charge.

Ground 2 Day Overnight

Additional Comments or Questions:

P: 800-760-0526

F: 858-408-1886

info@quicksplint.com