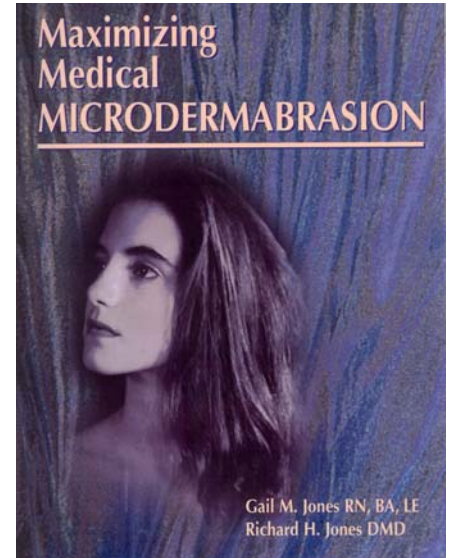


Maximizing Medical Microdermabrasion Order Form

Complete this order form and mail to:

Gail Jones
PO Box 198
Lenni, PA 19052

or fax to: 610-361-8129



CUSTOMER INFORMATION:

NAME: _____

TITLE: _____

ADDRESS: _____

PHONE: _____

QUANTITY: _____ \$75.00 each plus \$6.00 Shipping & Handling (Total \$81.00)
6% sales tax must be added to PA residents (Total \$85.55)

TOTAL: _____

PAYMENT METHODS:

Check enclosed in the amount of _____ payable to: Newtown Oral Surgery, Inc.

QUESTIONS? Call 215-678-0769 or email gailmjones@gmail.com

Thank you! We appreciate your business.