

Supply Order Form

Instructions

1. Complete the form, printing legibly with a dark pen.
2. Sign with the cardholder's signature on the line indicated.
3. Fax this form to our secure fax machine at 1-949-726-0700. Or scan/email to us at admin@clearmindcenter.com.

Quantity	DESCRIPTION	UNIT PRICE
	PHOTIC GLASSES	
	Yellow Glasses - Yellow LED glasses create an activating response	\$185.00
	Green Glasses - The Green LED glasses are recommended for people who struggle with anxiety and depression	\$185.00
	Cool Blue Glasses - The blue color has a soft/cool seductive tone. Blue hue and brightness added a relaxation experience	\$185.00
	Photic Glasses Case	\$8.00
	Eyes Closed Blue Glasses	\$195.00
	Eyes Closed Green Glasses	\$195.00
	Eyes Closed Yellow Glasses	\$195.00
	Qeeg Related	
	Small Kids size EEG Neuro-Map Cap includes ear clips	\$495.00
	Small Medium Kids size EEG Neuro-Map Cap includes ear clips	\$495.00
	Medium Size EEG Neuro-Map Cap includes ear clips	\$495.00
	Medium Large Size EEG Neuro-Map Cap includes ear clips	\$495.00
	Large size EEG Neuro-Map Cap includes ear clips	\$495.00
	Ear Clips for EEG Neuro-Map Cap	\$25.00
	Blunt Tip Needles	\$1.50 ea.
	Syringes	\$1.50 ea.
	Gold Leads, Cables, Paste, Gel, Battery, and Laptop	
	Gold Flat Leads (Complete set of 4 leads)	\$185.00
	Treatment Harness Connects the gold leads to the NeuroIntegrator2	\$175.00
	set of 6" Connectors - Connects treatment harness and neuro-map recording unit to the NeuroIntegrator2	\$30.00
	9 pin serial cable (com port cable)	\$20.00
	Keyspan & USB cable	\$80.00
	Replacement Battery (Battery for NI2 Box)	\$40.00
	Ten20 Paste 4 oz.	\$15.00
	Ten20 Paste 8 oz.	\$25.00
	Electro-Gel 16 oz.	\$25.00
	Back-up laptop loaded with Clear Mind Center software	\$899.00
	Replacement HASP Key	\$600.00
	Personal and Take Home Equipment	
	NI Personal Unit (Circle your choice of color) Blue, Green, or Yellow	\$2995.00
	Clear Mind Focus Unit (Circle your choice of color) Blue, Green, or Yellow	\$1500.00
	Generic Brochures	
	100 Generic Brochures	\$80.00

PLEASE FILL OUT ADDRESS INFORMATION ON THIRD PAGE

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Name on Credit Card: _____	
Type of Card: <input type="checkbox"/> VISA	<input type="checkbox"/> MASTERCARD <input type="checkbox"/> AMERICAN EXPRESS
Credit Card Number: _____	
Expiration Date: _____	CVC Code: _____

Credit Card Billing Address

Street: _____

City: _____

State: _____ Zip Code: _____

Telephone: _____

Shipping Address

Street: _____

City: _____

State: _____ Zip Code: _____

Email: _____

Office # _____

Cardholder Signature: _____ Date: _____

Your completion of this authorization form helps us to protect you, our valued customers, from credit card fraud. All information entered on this form will be kept strictly confidential.