

InterX[®] Practitioner Order Form

Customer Contact	BUSINESS / PRACTICE NAME	DATE
	FIRST NAME	LAST NAME
	PHONE NUMBER	FAX NUMBER
	ADDRESS	CITY, STATE, ZIP
	EMAIL	NPI# / STATE LICENSE NUMBER

Product Information	<p>Write the order quantity below:</p> <p>INTERX[®] DEVICES:</p> <p>_____ InterX[®] 5002 Pro Device</p> <p>_____ InterX[®] 1000 Personal Device</p> <p>INTERX[®] ACCESSORY ELECTRODES:</p> <p>_____ InterX[®] Dual Flexible Array</p> <p>_____ InterX[®] Single Flexible Array</p> <p>_____ InterX[®] Personal Flexible Array</p> <p>_____ InterX[®] Classic Array</p> <p>_____ InterX[®] Comb</p> <p>_____ InterX[®] Cosmetic</p> <p>_____ InterX[®] Dome</p> <p>_____ InterX[®] Soft Tissue - Small (Used with 5002 only)</p> <p>_____ InterX[®] Soft Tissue - Universal</p>	<p style="text-align: center;">InterX[®] Non-invasive Interactive Neurostimulation (NIN) Treatment is:</p> <ul style="list-style-type: none"> Non-invasive, safe alternative for acute, post-surgical and chronic pain management Interactive wave form which targets low impedance points providing comfortable, pain free treatment High amplitude/high density neurostimulation for endogenous opioid and neuropeptide release Light, portable pain treatment Safe over metal implants <p style="text-align: center; font-size: small;">HTK Enterprises D.B.A InterX Technologies is the Sole Source Provider of InterX[®] Products.</p>
	<input type="checkbox"/> ONGOING NEED (Lifetime Use)	

Billing	CREDIT CARD NUMBER	CVC CODE	EXPIRATION DATE
	NAME ON CREDIT CARD	TYPE OF CC (Mastercard, Visa, Discover, etc)	

Contact InterX	<p>To place your order, EMAIL or FAX completed order form to:</p> <p style="font-size: 1.2em; color: red;">orders@interx.com F: 469-364-3421</p>
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