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www.thepodiatreecompany.com
www.keryflex.com

Please fax your completed order form to 631.319.1312.

Doctor's Name _____ Practice Name _____
Ship to Address _____ City _____ State _____ Zip Code _____
Email _____ Phone () _____ Fax () _____
Main Contact Name (if not Doctor) _____ How do you prefer to be contacted? _____
Credit Card Type Visa Mastercard American Express Discover On File Check # _____
Card Holder's Name _____ Card Holder's Signature _____
Credit Card No. _____ Expiration Date _____ Security Code _____
Billing Address _____ City _____ State _____ Zip Code _____

KeryFlex® New Provider Enrollment Form

Number of Offices _____ Total Number of Doctors in the Practice _____

PLEASE CHOOSE ONE:

Enrollment Package #1 -CALL FOR PRICING
Includes:
KeryFlex Patient Kits Opaque - Qty 5
KeryFlex New LED/UV Curing Lamp - Qty 1
Buffers - Qty 5
Nail Files - Qty 5
Acrylic Sign Holder - Qty 1
8.5 x 11 Waiting/Treatment Room Signs - Qty 4
Brochure Holder - Qty 1
Patient Brochures - Qty 200
Training and Practice Integration Manual - Qty 1
USB Flash Drive w/ Self-Training Videos - Qty 1
Soft Plastic Training Foot with Patient Practice Kit - Qty 1
Added to the keryflex.com website as a provider
(please allow 1-2 weeks for online directory to be updated)

Enrollment Package #2 -CALL FOR PRICING
Includes:
KeryFlex Patient Kits Opaque - Qty 10
KeryFlex New LED/UV Curing Lamp - Qty 1
Buffers - Qty 10
Nail Files - Qty 10
Acrylic Sign Holder - Qty 1
8.5 x 11 Waiting/Treatment Room Signs - Qty 4
Brochure Holder - Qty 1
Patient Brochures - Qty 200
Training and Practice Integration Manual - Qty 1
USB Flash Drive w/ Self-Training Videos - Qty 1
Soft Plastic Training Foot with Patient Practice Kit - Qty 1
Added to the keryflex.com website as a provider
(please allow 1-2 weeks for online directory to be updated)

Notes

Submission of this form authorizes The Podiatree Company to charge your credit card for this order.
To authorize The Podiatree Company to keep your credit card info on file and bill subsequent orders, please initial here : _____
Free Ground Shipping on orders over \$500* / Expedited shipping available by request (*continental U.S.)
Prices are subject to change without prior notice.

For internal use only
Date _____ Instructions _____
Salesperson _____