bi VABA PARTS ORDER FORM				
CATALOG	DESCRIPTION	QUANITY	PRICE	TOTAL
NUMBER	DESCRIPTION	EACH	EACH	TOTAL
1001	SINGLE LETTER SEARCH-SIMPLE TEST / SCORING TEMPLATE		N/A	
1002	SINGLE LETTER SEARCH-CROWDED TEST / SCORING TEMPLATE		N/A	
1003			N/A	
1004	STRUCTURED COMPLEX CIRCLES SEARCH / SCORING TEMPLATE		N/A	
1005	RANDOM PLAIN CIRCLES-SIMPLE / CIRCLES CROWDED		N/A	
1006	RANDOM COMPLEX CIRCLES SEARCH / SCORING TEMPLATE		N/A \$50.00	
1001-6 1007	ONLY AS PACKAGE SET WARREN TEXT CARD		\$20.00	
1007 1007S	WARREN TEXT CARD IN SPANISH		\$20.00	
1008	SCANBOARD		\$35.00	
1009	DESIGN COPY FIGURE-FLOWER / HOUSE / DOMINANT EYE CARD		N/A	
1010	DESIGN COPY FIGURE-CLOCK / COMPLEX CIRCLE SEARCH TARGET		N/A	
1009-10	ONLY AS PACKAGE SET		\$12.00	
1012	BIVABA TEST MANUAL CD WITH 29 VIDEOS & REPRODUCIBLE FORMS		\$125.00	
1013	CARRYING CASE		\$40.00	
270500	LEANUMBERS LOW CONTRAST SCREENER WITH SOFT TIPPED POINTER		\$90.00	
272100	INTERMEDIATE ACUITY TEST CHART / LOW VISION LEANUMBERS CHART		\$55.00	
2933	DAMATO 30 PT MULTIFIXATION CAMPIMETER WITH RECORDING TEMPLATE		\$130.00	
	FOR OTHER MISCELLANEOUS ITEMS OBTAIN LOCALLY			
SUBTOTAL				
KANSAS RESIDENTS ADD 9.05% SALES TAX OR SALES TAX EXEMPTION INFO				
			SHIPPING AND HANDLING	
Send pay	ment to:			TBA
		Т	OTAL ORDER	
vis ABILITIES Rehab Services				
4000 W 6th St #295 email info@visabilities.com				
Lawrence	, KS 66049 USA fax (785) 856-4987			
Date Method of payment: □ Check □ Charge □ PO#				
bate Wethod of payment. I offeck I offarge I For				
Name Facility				
,				
Department Phone ()		Fax ()		
		_		
Address	City	State _	Zip _	
Masterdard VISA				
AMOUNT TO BE CHARGED EXP DATE CVV2 CODE				
PRINT CARD HOLDER'S NAME				
CREDIT CARD APPROVAL SIGNATURE				
COLDON OR ALL THE VIEW OF COLORS OF				