

Phycon Medical, Inc.

13325 North 56th Street, Tampa, Florida 33617

Phone: 813 985-5818

GOTO: WWW.PHYCONMED.COM FOR COUPONS

F AX Pad Orders to: 813-985-1571.

And Call 800-749-5201. Thank you, Linda

(MNVT) EMITER PAD PRICE LISTING

Effective: January 1, 2018

	Self-Adhesive Matching Emitter Pads For microvascular rehab therapy	QTY PER PACK	PRICE PER PACK	# OF PACKS	# OF BOXES	Box price 20 packs	
WT22	2"x2" Square	4 per pk	6.99			\$139.80	
WT3	3" Round	4 per pk	8.45			\$169.80	
WT35	3" x 5" Rectangle	2 per pk	7.45			\$149.00	
WT47	4" x 7" Rectangle	1 per pk	7.45			\$149.80	
WF58	5" x 8" Rectangle	1 per pk	6.99			\$139.80	
WTS240	2" x 4" Oval	4 per pk	6.99			\$139.80	
WT350-O	3" x 5" Oval	2 per pk	7.25			\$145.40	
BWT13	1.75" x 3.75" Emitter Sensitive	4 per pk	7.99			\$159.80	
BWT11	1.75" x 1.75" Emitter Sensitive	4 per pk	6.99			\$139.80	
						Total =	

Emitter Pad Packs

_____ packs x **\$59.74** = \$_____ **Total**

Quantity	Size	Total Pad Count
4 packs	4 x 7 rect.	4
2 packs	3 x 5 ovals	4
1 pack	2 x 4 ovals	4
1 pack	3" circles	4

Rubber Carbon Reusable Emitter Pads

30083	1.5" x 2" Rubber Rectangle Emitter	\$5.12
30061	2" Rubber Round Emitter	\$6.94
30057	3" Rubber Round Emitter	\$9.08
30080	3" x 5" Rubber Rectangle Emitter	\$13.05
30093	5" x 8" Rubber Rectangle Emitter	\$20.20

SUPPLIES FOR WOUND CARE & MISC

40031	24"x10' Roll of Blue Sponge Material	\$39.50
40031C	6" x 10' Roll of Blue Sponge Material	\$17.00
1202	2.5" x 18" Nylatek Wrap	\$ 5.66
1204	2.5" x 36" Nylatek Wrap	\$ 8.00
1206	2.5" x 48" Nylatek Wrap	\$ 9.61
1208	4.0" x 18" Nylatek Wrap	\$ 7.59
1212	4.0" x 48" Nylatek Wrap	\$12.96
	WALL POSTERS: Neuropathy, Wound, and General.	\$10.00
	TRI-FOLD PATIENT EDUCATION BROCHURE PKG 50	\$15.00
	TRI-FOLD NEUROPATHY BROCHURE PKG 50	\$15.00

Replacement Leads each \$ 20.90

Prices are subject to change without notice.
PHYCON MEDICAL, INC. is Manufacturer
and Authorized Distributor.

Credit Card Information

Name: _____

Date of Sale: _____

Card Holder Name: _____

Card Holder Address: _____

Card Number: _____

Expiration Date: _____ & V-code _____

Card Type: _____

Billing Amount: _____

Ship To Addr: _____

Email Addr: _____

Notes:

Ordered By: _____ Date _____

Phone #: _____