

# MAXIVISION®

## FAX-BACK ORDER FORM

**Please send me the following free samples and informational brochures.**

- MAXIVISION® Omega-3 Formula • [24 per carton with brochures]**  
 Please send me a clear acrylic promotional display for my office.
- MAXIVISION® Whole Body Formula • [24 per carton with brochures]**  
 Please send me a clear acrylic promotional display for my office.
- MAXIVISION® Ocular Formula • [24 per carton with brochures]**  
 Please send me a clear acrylic promotional display for my office.
- MAXITEARS® Dry Eye Formula • [24 per carton with brochures]**  
 Please send me a clear acrylic promotional display for my office.

Note: If you need more samples than indicated above please let us know.

**★ PLEASE FILL OUT COMPLETELY ★**

Doctor's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Clinic/Institute: \_\_\_\_\_

Degree: \_\_\_\_\_ Office Contact: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_ Number of Doctors in Practice: \_\_\_\_\_

- Please contact our office on a regular basis to replenish our supply of samples.
- Please schedule a personal phone or video conference with our staff and Doctor.  
[Dr. Horton is available for consultation to answer any questions whenever needed.]
- Please sign up \_\_\_\_\_ for free email alerts from Dr. Horton whenever new research becomes available regarding nutrition and age-related macular degeneration. My email address is: \_\_\_\_\_.

*Note: Your email address will never be shared or released to any third parties.*

**Fax Back Toll Free to (888) 910-9900  
Call Toll Free (888) 290-6294 • email to: [sales@medop.com](mailto:sales@medop.com)**