



Order Form

Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip _____

Daytime Phone: _____ Evening Phone: _____

Email: _____

Credit Card Number: _____ Expiration Date _____

Please note that shipping and handling charges will be added to your order.

Items you wish to order:

Name of item	Quantity	Price	Total Price

If writing a check, call office for current prices, shipping and handling charges: _____

Total: _____

Fax Form to: 248-625-5633

**Mail form to: The Downing Clinic
5715 Bella Rose Blvd., Suite 100
Clarkston, MI 48348**

Questions? Call us at 248-625-6677.

Thank you for your order.