

Macula Risk® Re-Order Form

Customer Service
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 E-Mail: customerservice@macularisk.com

Name of Individual Ordering: _____

Clinic Name: _____

Telephone Number: _____

Order Date: _____
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MACULA RISK TESTING KITS (Includes everything necessary to submit patient samples)	QUANTITY
Macula Risk Re-Order (25) Kits	CK5000ROG25-01-0811
Macula Risk Re-Order (50) Kits	CK5000ROG50-01-0811
MACULA RISK TEST REQUISITION FORM Please Note: Macula Risk customized forms will be included in your next re-order.	
Macula Risk Test Requisition Forms (25)	T8001-01-0911
SUPPORT MATERIALS	
Clinic Support Package <small>Includes all support materials that have been starred*. All items remain available for re-order individually.</small>	M11002-01-0311
*Macula Risk Wall Poster (1) 24" x 36"	M11010-01-0311
*Macula Risk DVD	M11009-01-0311
*Macula Risk Amsler Grid Magnets (10) 4" x 7"	M11003-01-0311
*Macula Risk Clip Board	M11011-01-0311
*Macula Risk Patient Checklist (20)	M11004-01-0311
*Macula Risk Brochure Stand with Brochures (20)	M11005-01-0311
Macula Risk Re-Order Brochures (20)	M11006-01-0311
Macula Risk Reference Binder (1)	RB9000-04-0911
Macula Risk Doctor Information Sheet [Laminated](4)	D3001-04-0711LM
Macula Risk Patient Information Sheet [Laminated] (4)	P1001-04-0711LM
Macula Risk Cheek Cell Instruction Sheet [Laminated] (2)	C2001-05-0211LM
Macula Risk Patient Information Sheet (25)	P1001-04-0711
Macula Risk Patient Genetic Counseling Guide (25)	P1002-01-1010
Nashville Protocol <small>Comprehensive Approach to Management of Patients With AMD</small>	PB12001-02-0811
Nashville Protocol [Laminated] (1) <small>Patient Management Flowchart and Table</small>	PB12007-01-0811

If you have any questions or concerns in regards to filling out this form please call or e-mail customer service.

