



5770 W. Bald Eagle Blvd.
 White Bear Lake, MN 55110
 Tel./Fax: (651) 429-9595
eastwest@mm.com

DermaSoothe™



DermaSoothe™ Order Form

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Quantity of bottles ordered: _____ x \$10.95 = \$ _____
 Each @ \$10.95 US

Shipping and handling will be added to your bill.

Total order: \$ _____

If paying with a credit card, please fill this section:

Name: _____

Credit card (check one): VISA _____ MasterCard _____

Credit card number: _____

Expiration date: _____

Telephone orders: You can order by calling the East West Clinic: Toll-free number:
1-877-401-4757, or (651) 429-9595.

Mail orders: Please print and fill this form. Mail a check or money order for the total amount payable to the **East West Clinic** along with the form, or mail your credit card information, to: East West Clinic, 5770 W. Bald Eagle Blvd., White Bear Lake, MN 55110.

Fax orders: Fill the form above, including the credit card information, and fax it to: **(651) 429-9595.**

Call for shipping charges outside the US. Please do not send cash through the mail.