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 5535 State Bridge Road ♦ Alpharetta, GA 30022
 P.O. Box 820 ♦ Duluth, GA 30096
 (800) 642-0600 ♦ (770) 814-2442 ♦ Fax (770) 814-9988

DOCTOR'S LAST NAME _____ PHONE NUMBER _____
 PERSON PLACING ORDER _____ ORDER TAKEN BY _____
 DATE / TIME _____ / _____ E - MAIL _____

*** FORM CODES – HQ, CE, RE, DN3c, etc. - are at the BOTTOM LEFT CORNER of every form***

<u>Form Description</u>	<u>Form Name</u>	<u>Quantity / Price</u>	<u># of Packages</u>
(HQ0b - 1 paged; 2 sided)	Health Questionnaire I	50 / \$60	_____
(HQ2a - 4 paged; folder style)	Health Questionnaire II	50 / \$70	_____
(HQ3a - 4 paged; folder style)	Health Questionnaire III	50 / \$73	_____
(CE2a - 4 paged; folder style)	Clinical Evaluation II	50 / \$70	_____
(CE3a - 8 paged; CE & RE)	Clinical Evaluation III	50 / \$85	_____
(RE2a - 4 paged; folder style)	Re-Evaluation	50 / \$70	_____
(RD0b - 1 paged; 2 sided)	Radiographic Evaluation I	50 / \$60	_____
(RD# 2 - 1 paged; 2 sided)	Radiographic Evaluation II	50 / \$65	_____
(AA0a - 1 paged; 2 sided)	Automobile Crash Ques	50 / \$60	_____
(AI2a - 4 paged; folder style)	Accident Injury Ques	50 / \$70	_____
(DN2a - 4 visit/page)	Daily Soap Note	200 / \$86	_____
(DN3d - 1 visit/page)	Daily Note Travel Card	500 / \$95	_____
(DN4 - 1 visit/page)	CBP Travel Card	500 / \$95	_____

Outcome Measure Forms

(RO1a - 1 page; 2 sided)	Revised Oswestry Chronic Low Back Disability Ques	50 / \$60	_____
(RM1a - 1 page; 2 sided)	Roland Morris Acute Low Back Disability Ques.	50 / \$60	_____
(NPIb - 1 page; 2 sided)	Neck Pain Disability Ques.	50 / \$60	_____
(HS1a - 1 page; 2 sided)	Health Status Ques.	50 / \$60	_____

Spanish Forms

(HQ0 - 1 page; 2 sided)	Spanish Health Ques.	50 / \$60	_____
(AA0 - 1 page; 2 sided)	Spanish Auto Accident	50 / \$60	_____
(AI2 - 4 page; folder style)	Spanish Accident Injury	50 / \$70	_____

Nutritional Forms

(SSI - 1 paged; 2 sided)	Symptom Survey – SS1	25 / \$50	_____
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Miscellaneous

USER MANUAL MARKETING BOOK MARKETING VIDEO SOFTWARE UPGRADE

CREDIT CARD # _____ EXP _____ CODE _____

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