PreVu Simulation Service



Doctor Name:		
Practice Name:		
Address:		
City:	State:	Zip Code:
Doctor's Email:	Office Email:	
Main Contact:	Role in Practic	ce:
Office Phone:		

Check One	Description	Price	Terms
	Single Image	\$69/each	\$49 set-up fee. Credit card on file will be charged at the end of month for the total number of sims ordered to the end of the month.
	10-Pack	\$600	Expires one year from purchase date.
	Unlimited Simulations	\$995/mo	Automatic billing monthly to credit card on file until cancelled. Cancellation of service will take effect upon the next renewal date after notification

Payment Information	Billing address is the same as above.
Credit Card Number:	
Expiration:	CVV Code:
Billing address (if differen	t):
. 0 .	e that PreVu Software LLC does not make any guarantees related to the reatment outcome as represented in the simulated outcome.
Signature:	Date: