

# Mayo Clinic Health Information Order Form

**IMPORTANT:** Please fill out completely.

**Ordered by:**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

Daytime Telephone \_\_\_\_\_

Evening Telephone \_\_\_\_\_

(Telephone numbers will only be used if we have questions about your order.)

**Ship to:**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

Sales Tax Table:	
State	%
CO	3%
IA, OH, WI	5%
CA, FL, MI, NJ	6%
IL, TX	6.25%
MN, WA	6.5%
TN	7%

Shipping & Handling:	
\$ Amount Ordered	Add
Up to -\$19.99	\$4.00
\$20.00 - \$29.99	\$5.00
\$30.00 - \$39.99	\$6.00
\$40.00 - \$49.99	\$8.00
\$50.00 - \$69.99	\$9.00
\$70.00 - \$99.99	\$12.00
\$100.00 or more	\$14.00

Quantity	Product No.	Product Description	Price Each	Total
_____	268143	Mayo Clinic Family Health Book, 3rd Edition	\$49.95	_____
_____	268150	Mayo Clinic Heart Book	\$29.95	_____
_____	268402	Mayo Clinic on High Blood Pressure, 2nd Edition	\$16.95	_____
_____	268502	Mayo Clinic on Arthritis, 2nd Edition	\$16.95	_____
_____	268702	Mayo Clinic on Chronic Pain, 2nd Edition	\$16.95	_____
_____	268802	Mayo Clinic on Prostate Health, 2nd Edition	\$16.95	_____
_____	268900	Mayo Clinic on Digestive Health	\$14.95	_____
_____	270104	Mayo Clinic Guide to Self-Care, 4th Edition	\$21.95	_____
_____	270200	Mayo Clinic on Healthy Weight	\$14.95	_____
_____	270300	Mayo Clinic on Managing Diabetes	\$14.95	_____
_____	270400	Mayo Clinic on Healthy Aging	\$14.95	_____
_____	270500	Mayo Clinic on Depression	\$14.95	_____
_____	270600	Mayo Clinic on Vision and Eye Health	\$14.95	_____
_____	270700	Mayo Clinic on Alzheimer's Disease	\$16.95	_____
_____	270800	Mayo Clinic on Osteoporosis	\$16.95	_____
_____	270900	Mayo Clinic on Hearing	\$16.95	_____

Subtotal Product Order \_\_\_\_\_

Applicable Sales Tax (see chart above) \_\_\_\_\_

Shipping & Handling (refer to chart) \_\_\_\_\_

**Payment Information:**

Payment must be included with all orders.

**Payment enclosed** (check or money order)  
 Make checks payable to Mayo Clinic Health Information  
 (U.S. funds only please)

**Please bill my:**  VISA  MasterCard  
 American Express  Discover

Credit  
 Card No. \_\_\_\_\_

Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_

**For faster service, call toll-free  
 1-877-647-6397**

(Credit card orders only.)  
 Hours: Mon.- Fri.  
 8 am - 7 pm  
 Sat., 8 am - 4 pm  
 (Central Time)



**Total:** \_\_\_\_\_

Mayo Clinic Health Information  
 Order Processing Department  
 PO Box 609  
 Calverton, NY 11933-0609

**Keycode  
 0183PKG6**