

Professional Staff Discount Form 2024

Send the Professional Staff Discount Form(s) by email with your clinic order to conde@biophora.com

Date: _____ Clinic Name: _____

Phone #: _____ Business Email: _____

You will receive one separate “Staff Invoice” which will be processed on your **clinic credit card** and shipped with your Clinic order. If separate shipping is required for your staff orders, shipping charges will apply.

Biophora & Oxygenetix Staff Orders

STAFF may receive 50% off 5 personal-use **BIOPHORA** products every **6 months**. List **5 different retail size products of your choice: ** no Kits, no MINI’s, no cabin size, no Duos.** **If your Clinic carries Oxygenetix, staff** can purchase the Oxy foundation at \$10.00 off the listed price – please note the colour in the space provided.

Name of Staff Member: _____

1: _____ 2: _____ 3: _____

4: _____ 5: _____ Oxygenetix: _____

Name of Staff Member: _____

1: _____ 2: _____ 3: _____

4: _____ 5: _____ Oxygenetix: _____

Name of Staff Member: _____

1: _____ 2: _____ 3: _____

4: _____ 5: _____ Oxygenetix: _____

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Name on VISA or MASTERCARD: _____

If Not on File: - Credit card Number _____

Expiry Date _____

Please share your successes re product use or patient results. We really want to hear from you....

Thank you for your participation!