

**SUREVENT MCI KIT  
MODEL 1525  
with Fixed Orifice Adapters for 15 and 25 LPM**

**PRICES BELOW REFLECT  
30 - 40% OFF  
SUGGESTED RETAIL PRICE**

ITEM	QTY	DISCOUNTED PRICES	TOTAL
<b>SV 1525 SUREVENT® MCI Kit</b> - 7-Outlet Manifold Base - Includes Seven 15 LPM Adapters and Two 25 LPM Adapters - Pressure Gauge - 20' Oxygen Supply Hose with DISS fittings - (Does NOT include SUREVENT units)	_____	\$895 each X \$795 for 2 or more kits	= \$ _____
<b>SV 1525 SUREVENT® MCI Kit PLUS</b>  <b>10 SUREVENT SV 2131 Units</b> (Model 2131 for patients 40kg and over)	_____	\$1,295 each X \$1,195 for 2 or more kits	= \$ _____
<b>SV 1525 SUREVENT® MCI Kit PLUS</b>  <b>10 VAR Plus SV 5011EP Units</b> (Model 5011EP for patients 10kg and over)	_____	\$1,595 each X \$1,495 for 2 or more kits	= \$ _____
<b>SV 1525 SUREVENT® MCI Kit PLUS</b>  <b>5 SUREVENT SV 2131 Units and 5 VAR Plus SV 5011EP Units</b>	_____	\$1,450 each X \$1,350 for 2 or more kits	= \$ _____

**TOTAL of all items above** \$ \_\_\_\_\_

~ Shipping within the continental U.S. ~ Total Number of Kits: \_\_\_\_\_ x \$25 = \$ \_\_\_\_\_

Sales Tax (8.75% for California Customers) \$ \_\_\_\_\_

If Tax Exempt, please provide your Tax I.D. # \_\_\_\_\_

**TOTAL** \$ \_\_\_\_\_

<b>CUSTOMER INFORMATION</b>	
Contact Name: _____	Title: _____
Company/Organization: _____	Phone: _____
Address: _____	
_____	
City: _____	State/Territory: _____ ZIP: _____ Country: _____
Our Check # _____ is enclosed in the amount of \$ _____	
OR	
Please bill our credit card. Card # _____ (VISA or MASTERCARD only)	
Name as it appears on Card: _____	Expiration Date: _____
Signature of Cardholder _____	Today's Date: _____

Please mail completed form with your payment or fax to (760) 438-2783 or email to: customerservice@hartwellmedical.com

**SUREVENT FlowMaster MCI KIT  
MODEL 1530  
with Individually-Adjustable FlowMeter Outlets from 0 - 25 LPM**

ITEM	QTY	PRICES	TOTAL
<b>SV 1530 SUREVENT® FlowMaster MCI Kit</b> - 7-Outlet Manifold Base - 0-25 LPM Individually-Adjustable FlowMeter on each outlet - Pressure Gauge - 20' Oxygen Supply Hose with DISS fittings - (Does NOT include SUREVENT units)	_____	\$1,625 each X 10 or more kits = \$1,218.75 each	\$ _____
<b>SV 1530 SUREVENT® FlowMaster MCI Kit PLUS</b>  <b>10 SUREVENT SV 2131 Units</b> (Model 2131 for patients 40kg and over)	_____	\$2,230 each X 10 or more kits = \$1,733 each	\$ _____
<b>SV 1530 SUREVENT® FlowMaster MCI Kit PLUS</b>  <b>10 VAR Plus SV 5011EP Units</b> (Model 5011EP for patients 10kg and over)	_____	\$2,415 each X 10 or more kits = \$1890.25 each	\$ _____
<b>SV 1530 SUREVENT® FlowMaster MCI Kit PLUS</b>  <b>5 SUREVENT SV 2131 Units and 5 VAR Plus SV 5011EP Units</b>	_____	\$2,322 each X 10 or more kits = \$1,811.63 each	\$ _____

**TOTAL of all items above** \$ \_\_\_\_\_

~ Shipping within the continental U.S. ~ Total Number of Kits: \_\_\_\_\_ x \$25 = \$ \_\_\_\_\_

Sales Tax (8.75% for California Customers) \$ \_\_\_\_\_

If Tax Exempt, please provide your Tax I.D. # \_\_\_\_\_

**TOTAL** \$ \_\_\_\_\_

<b>CUSTOMER INFORMATION</b>	
Contact Name: _____	Title: _____
Company/Organization: _____	Phone: _____
Address: _____ _____	
City: _____	State/Territory: _____ ZIP: _____ Country: _____
Our Check # _____ is enclosed in the amount of \$ _____	
OR	
Please bill our credit card. Card # _____ (VISA or MASTERCARD only)	
Name as it appears on Card: _____	Expiration Date: _____
Signature of Cardholder _____	Today's Date: _____

Please mail completed form with your payment or fax to (760) 438-2783 or email to: customerservice@hartwellmedical.com