



Product Replacement Order Form

Name: _____ Customer ID: _____

Address: _____

Phone: _____

Fax: _____

Email: _____

Product Information: Please place an X next to the product you would like to replace.
(Limit one of each product per order)

- ___ Certified Cardiac Device Specialist—Physician Pin (\$25.00)
- ___ Certified Cardiac Device Specialist—Allied Professional Pin (\$25.00)
- ___ Certified Electrophysiology Specialist—Physician Pin (\$25.00)
- ___ Certified Electrophysiology Specialist—Allied Professional Pin (\$25.00)
- ___ Cardiac Device Remote Monitoring Specialist—Allied Professional Pin (\$25.00)
- ___ Certified Cardiac Device Specialist—Physician Certificate (\$40.00)
- ___ Certified Cardiac Device Specialist—Allied Professional Certificate (\$40.00)
- ___ Certified Electrophysiology Specialist—Physician Certificate (\$40.00)
- ___ Certified Electrophysiology Specialist—Allied Professional Certificate (\$40.00)
- ___ Cardiac Device Remote Monitoring Specialist—Allied Professional Certificate (\$40.00)

Method of Payment (Note: Full payment is due with form)

Charge my credit card: MasterCard Visa American Express

Name on Credit Card: _____

Card #: _____ Expiration Date _____

CVV (Security Code): _____

Cardholder Signature: _____

Please allow 3-4 weeks for processing and delivery. **Email to IBHRE Director: info@ibhre.org or fax to 1-877-386-1044**

3.19.2024