



Mail or Fax your completed order form to:

1035 E. Vista Way #128
 Vista, CA 92084

Fax: 760 630 5629
 Tel: 760 940 8900

Name _____

Street Address _____

City, State, Zip _____

E-Mail Address _____

Phone _____

Method of Payment

PayPal – Pay Online at www.mskus.com

MasterCard

Check/Money Order made Payable to: **Dr. Thomas B Clark, DC Inc.**

Visa

\$75

Credit Card # _____

Exp. date _____

Signature _____