



**Dr. Joe Borio**  
**Consulting Coach**  
315-699-1441 x25  
www.chiropassionconsulting.com

## Product Order Sheet

**Fax Order and Payment information to our private fax number 315-699-2596**  
**Mailing address: P.O. Box 1890, 8212 Brewerton Road, Cicero New York 13039**

**Note: If you join Chiropassion Consulting within 90 days of purchasing any CDs or DVDs the amount paid for that purchase will be subtracted from your client consulting agreement fees.**

1. \_\_\_\_\_ New Patient Exam Training **\$125**
2. \_\_\_\_\_ Financial Close **\$195**
3. \_\_\_\_\_ New Patient, Post Consultation, Doctor Close **\$195**
4. \_\_\_\_\_ New Patient, Nine Re-exams and Wedging Instructions/Information for Patients **\$195**
5. \_\_\_\_\_ Food for Thought - Nutrition Class **\$75**
6. \_\_\_\_\_ Marketing - Dinner w/Doctor, Pt. Coupons, Monday Night PowerPoint Presentation **\$195**
7. \_\_\_\_\_ Handling Objections / Re-Exam **\$125**
8. \_\_\_\_\_ Office Flow **\$50**
9. \_\_\_\_\_ Monday Night Talk **\$195**
10. \_\_\_\_\_ Health Handouts (daily patient education handouts) **\$195**
11. \_\_\_\_\_ New Patient and Office Forms (Check your state for specific New Patient Forms) **\$125**
12. \_\_\_\_\_ How to Perform Successful Spinal Screenings **\$195** (includes check list and DVD)
13. \_\_\_\_\_ PowerPoint Presentations **\$195**
14. \_\_\_\_\_ Science of Subluxation **\$125**
15. \_\_\_\_\_ Philosophy Night **\$125**
16. \_\_\_\_\_ EPOC Philosophy Discussion **\$75**
17. \_\_\_\_\_ Cal Jam 2011 – Dr. Joe on Stage Presentation **\$75**

\_\_\_\_\_ **Bundle Savings on CD/DVD package includes numbers 1,2,3,4,5,6,7,8 - \$925** (plus 2 free DVDs – our choice)

**Products :** (there will be an additional shipping/handling charge that is specific to mailing location - prices are subject to change call for current pricing 315-699-1441 x25)

- \_\_\_\_\_ Neck Wedges **\$20**  
\_\_\_\_\_ Low Back Wedges **\$30**

### **Payment Information:**

Credit Card (check one)      Visa \_\_\_\_\_      MasterCard \_\_\_\_\_  
Name on Card: \_\_\_\_\_  
Card Number: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_ Code (3 digits on back of card) \_\_\_\_\_  
Signature of Cardholder: \_\_\_\_\_  
Credit Card Billing Address: \_\_\_\_\_  
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