



ORDER FORM

Rocky Mountain Tissue Bank
 2993 S. Peoria St., Suite 390
 Aurora, CO 80014
 (800) 424-5169 Fax (303) 337-9383
 www.rmtb.org

TELEPHONE NUMBER: _____
 FAX NUMBER: _____
 SOLD TO: _____

DATE: _____
 P.O.#: _____
 SHIP TO: _____

Email: _____

SHIPPING INFORMATION:

PRODUCT NEEDED BY: _____
 SHIPPING PRIORITY:
 2DAY ST. O/N PRIORITY O/N INT.

CUSTOMER INFORMATION:

NEW: CURRENT:
 REFERRED BY: _____
 TYPE OF PRACTICE: _____

ORDER ACCEPTED BY: _____

PRODUCT

SIZE	QTY	LOT NUMBER / VIAL #	EXP. DATE	PRICE	EXTENSION
Cancellous					
RM • CanPar 0.25 g	_____	_____	____ / ____	\$ 34.00	\$ _____
RM • CanPar 0.5 g	_____	_____	____ / ____	\$ 60.00	\$ _____
RM • CanPar 1 g	_____	_____	____ / ____	\$ 107.00	\$ _____
RM • CanPar 2 g	_____	_____	____ / ____	\$ 197.00	\$ _____
RM • CanPar 3 g	_____	_____	____ / ____	\$ 291.00	\$ _____
Cortical					
RM • CorPar 0.5 g	_____	_____	____ / ____	\$ 60.00	\$ _____
RM • CorPar 1 g	_____	_____	____ / ____	\$ 107.00	\$ _____
Bone Blocks					
5x10x10 mm RM • BB	_____	_____	____ / ____	\$ 124.00	\$ _____
5x10x20 mm RM • BB	_____	_____	____ / ____	\$ 248.00	\$ _____
5x10x30 mm RM • BB	_____	_____	____ / ____	\$ 373.00	\$ _____
10x10x10 mm RM • BB	_____	_____	____ / ____	\$ 178.00	\$ _____
10x10x20 mm RM • BB	_____	_____	____ / ____	\$ 299.00	\$ _____
10x10x30 mm RM • BB	_____	_____	____ / ____	\$ 399.00	\$ _____

MC / VISA / DIS.: _____ EXP. DATE: ____ / ____ SUBTOTAL \$ _____
 Street Number _____ Postal Code _____ Qty or Mtg 5% \$ _____
 Auth. Tkt.# _____ Security Code _____ SUBTOTAL \$ _____
 DATE SHIPPED: ____ / ____ / ____ Prepay 1% \$ _____
 INVOICE NO: _____ SUBTOTAL \$ _____
 SHIPPED: FED EX: APO: OTHER: _____ Shipping \$ _____
 SHIPPING TRACKING # _____ TOTAL DUE \$ _____

PROCESSED AND VERIFIED BY: _____
 Payment only U.S. Mail Email

Quantity Discount After 10 g or More Ordered

