



ORDER FORM

Rocky Mountain Tissue Bank
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Aurora, CO 80014
(800) 424-5169 Fax (303) 337-9383
www.rmtb.org

FORM NO.:	275.02.F02
Revision:	10
Effective Date:	02/26/2018
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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
<u>CANCELLOUS</u>			yyyy/ mm /dd		
RM • CanPar 0.25 g	_____	_____	/ /	\$ 36.00	\$ _____
RM • CanPar 0.5 g	_____	_____	/ /	\$ 64.00	\$ _____
RM • CanPar 1 g	_____	_____	/ /	\$ 113.00	\$ _____
RM • CanPar 2 g	_____	_____	/ /	\$ 208.00	\$ _____
RM • CanPar 3 g	_____	_____	/ /	\$ 306.00	\$ _____
<u>CORTICAL</u>					
RM • CorPar 0.5 g	_____	_____	/ /	\$ 64.00	\$ _____
RM • CorPar 1 g	_____	_____	/ /	\$ 113.00	\$ _____
<u>BONE BLOCKS</u>					
5x10x10 mm RM • BB	_____	_____	/ /	\$ 131.00	\$ _____
5x10x20 mm RM • BB	_____	_____	/ /	\$ 262.00	\$ _____
5x10x30 mm RM • BB	_____	_____	/ /	\$ 395.00	\$ _____
10x10x10 mm RM • BB	_____	_____	/ /	\$ 188.00	\$ _____
10x10x20 mm RM • BB	_____	_____	/ /	\$ 316.00	\$ _____
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: ____ / ____ / ____

INVOICE NO: _____ SUBTOTAL \$ _____

SHIPPED : FED EX: ☐ APO: ☐ OTHER: _____ Shipping \$ _____

SHIPPING TRACKING # _____ TOTAL DUE \$ _____

Quantity Discount After 10 g or More Ordered

PROCESSED AND VERIFIED BY: _____

☐ Payment only

☐ U.S. Mail

☐ Email

ICB