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: _____ **DATE:** _____

FAX NUMBER: _____ **P.O.#:** _____

SOLD TO: _____ **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	_____	_____	____ / ____	$ 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	$ _____
Cortical					
RM • CorPar 0.5 g	_____	_____	____ / ____	$ 64.00	$ _____
RM • CorPar 1 g	_____	_____	____ / ____	$ 113.00	$ _____
Bone Blocks					
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: ____ / ____

Street Number _____ Postal Code _____

Auth. Tkt.# _____ Security Code _____

DATE SHIPPED: _____ / _____ / _____

INVOICE NO: _____

SHIPPED : FED EX: ☐ APO: ☐ OTHER: _____

SHIPPING TRACKING # _____

PROCESSED AND VERIFIED BY: _____

SUBTOTAL $ _____

Qty or Mtg 5% $ _____

SUBTOTAL $ _____

Prepay 1% $ _____

SUBTOTAL $ _____

Shipping $ _____

TOTAL DUE $ _____

Quantity Discount After 10 g or More Ordered

ICB

☐ Payment only ☐ U.S. Mail ☐ Email