



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

FORM NO.: 275.02.F02
 Revision: 15
 Effective Date: 08/20/2024
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TELEPHONE NUMBER: _____

DATE: _____

FAX NUMBER: _____

P.O.#: _____

SOLD TO: _____

SHIP TO: _____

Email: _____

SHIPPING INFORMATION:

CUSTOMER INFORMATION:

PRODUCT NEEDED BY: _____ N/A _____

NEW: CURRENT:

SHIPPING PRIORITY:

N/A _____ REFERRED BY: _____

2DAY ST. O/N PRIORITY O/N INT.

N/A _____ TYPE OF PRACTICE: _____

ORDER ACCEPTED BY: _____

PRODUCT

SIZE	QTY	LOT NUMBER / VIAL #	EXP. DATE	PRICE	EXTENSION
CANCELLOUS					
1000-3000 microns					
			yyyy/ mm /dd		
RM • CanPar 0.25 g	_____	_____	/ /	44.00	\$ _____
RM • CanPar 0.5 g	_____	_____	/ /	76.00	\$ _____
RM • CanPar 1 g	_____	_____	/ /	\$ 135.00	\$ _____
RM • CanPar 2 g	_____	_____	/ /	\$ 226.00	\$ _____
RM • CanPar 3 g	_____	_____	/ /	\$ 326.00	\$ _____
CORTICAL					
RM • CorPar 0.5 g	_____	_____	/ /	\$ 37.00	\$ _____
RM • CorPar 1 g	_____	_____	/ /	\$ 65.00	\$ _____
BONE BLOCKS					
5x10x10 mm RM • BB	_____	_____	/ /	\$ 160.00	\$ _____
5x10x20 mm RM • BB	_____	_____	/ /	\$ 299.00	\$ _____
5x10x30 mm RM • BB	_____	_____	/ /	\$ 399.00	\$ _____
10x10x10 mm RM • BB	_____	_____	/ /	\$ 234.00	\$ _____
10x10x20 mm RM • BB	_____	_____	/ /	\$ 336.00	\$ _____
10x10x30 mm RM • BB	_____	_____	/ /	\$ 432.00	\$ _____
50/50 COR/CANC					
1000-1700 microns					
RM * Cor/CanPar 0.5g	_____	_____	/ /	\$ 76.00	\$ _____
RM * Cor/CanPar 1g	_____	_____	/ /	\$ 135.00	\$ _____
FINE GRIND					
420-1000 microns					
RM * CanPar 0.25g	_____	_____	/ /	\$ 44.00	\$ _____
RM * CanPar 0.50g	_____	_____	/ /	\$ 76.00	\$ _____
PERIO GRIND					
1000-1700 microns					
RM * CanPar 0.5g	_____	_____	/ /	\$ 76.00	\$ _____
RM * CanPar 1g	_____	_____	/ /	\$ 135.00	\$ _____

Continue on Reverse Side

SubTotal \$ _____



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SELECT BELOW:

USE LAST CARD ON FILE: _____
NEW CARD: _____

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: _____

Payment only

U.S. Mail

Email

Quantity Discount After 10 g or More Ordered

SUBTOTAL \$ _____

Qty or Mtg 5% \$ _____

SUBTOTAL \$ _____

SUBTOTAL \$ _____

Shipping \$ _____

TOTAL DUE \$ _____

ICB

SPECIAL INSTRUCTIONS/NOTES:
