



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:	14
Effective Date:	09/15/2022
Page:	1 of 2

TELEPHONE NUMBER: _____

FAX NUMBER: _____

SOLD TO: _____

Email: _____

SHIPPING INFORMATION:

PRODUCT NEEDED BY: _____

SHIPPING PRIORITY:

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

DATE: _____

P.O.#: _____

SHIP TO: _____

CUSTOMER INFORMATION:

NEW: CURRENT:

REFERRED BY: _____

TYPE OF PRACTICE: _____

ORDER ACCEPTED BY: _____

PRODUCT

SIZE	QTY	LOT NUMBER / VIAL #	EXP. DATE	PRICE	EXTENSION
CANCELLOUS			yyyy/ mm /dd		
1000-3000 microns					
RM • CanPar 0.25 g	_____	_____	/ /	42.00	\$ _____
RM • CanPar 0.5 g	_____	_____	/ /	74.00	\$ _____
RM • CanPar 1 g	_____	_____	/ /	\$ 130.00	\$ _____
RM • CanPar 2 g	_____	_____	/ /	\$ 226.00	\$ _____
RM • CanPar 3 g	_____	_____	/ /	\$ 316.00	\$ _____
CORTICAL					
RM • CorPar 0.5 g	_____	_____	/ /	\$ 74.00	\$ _____
RM • CorPar 1 g	_____	_____	/ /	\$ 130.00	\$ _____
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	\$ _____
BONE PLATE					
3X12X15mm RM * BP	_____	_____	/ /	\$ 225.00	\$ _____
50/50 COR/CANC					
1000-1700 microns					
RM * Cor/CanPar 0.5g	_____	_____	/ /	\$ 74.00	\$ _____
RM * Cor/CanPar 1g	_____	_____	/ /	\$ 130.00	\$ _____
FINE GRIND					
420-1000 microns					
RM * CanPar 0.25g	_____	_____	/ /	\$ 42.00	\$ _____
RM * CanPar 0.50g	_____	_____	/ /	\$ 74.00	\$ _____
PERIO GRIND					
1000-1700 microns					
RM * CanPar 0.5g	_____	_____	/ /	\$ 74.00	\$ _____
RM * CanPar 1g	_____	_____	/ /	\$ 130.00	\$ _____

Continue on Reverse Side

SubTotal \$ _____



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MC / VISA / DIS.: _____ EXP. DATE: ____ / ____

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 \$ _____

PROCESSED AND VERIFIED BY: _____ *Quantity Discount After 10 g or More Ordered*

Payment only U.S. Mail Email



SPECIAL INSTRUCTIONS/NOTES:
