



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:	13
Effective Date:	12/01/2021
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
<u>CANCELLOUS</u>			yyyy/ mm /dd		
RM • CanPar 0.25 g	_____	_____	/ /	40.00	\$ _____
RM • CanPar 0.5 g	_____	_____	/ /	71.00	\$ _____
RM • CanPar 1 g	_____	_____	/ /	\$ 125.00	\$ _____
RM • CanPar 2 g	_____	_____	/ /	\$ 218.00	\$ _____
RM • CanPar 3 g	_____	_____	/ /	\$ 316.00	\$ _____
<u>CORTICAL</u>					
RM • CorPar 0.5 g	_____	_____	/ /	\$ 71.00	\$ _____
RM • CorPar 1 g	_____	_____	/ /	\$ 125.00	\$ _____
<u>BONE BLOCKS</u>					
5x10x10 mm RM • BB	_____	_____	/ /	\$ 154.00	\$ _____
5x10x20 mm RM • BB	_____	_____	/ /	\$ 290.00	\$ _____
5x10x30 mm RM • BB	_____	_____	/ /	\$ 395.00	\$ _____
10x10x10 mm RM • BB	_____	_____	/ /	\$ 225.00	\$ _____
10x10x20 mm RM • BB	_____	_____	/ /	\$ 320.00	\$ _____
10x10x30 mm RM • BB	_____	_____	/ /	\$ 416.00	\$ _____
<u>BONE PLATE</u>					
3X12X15mm RM * BP	_____	_____	/ /	\$ 225.00	\$ _____
<u>50/50 COR/CANC</u>					
RM * Cor/CanPar 0.5g	_____	_____	/ /	\$ 71.00	\$ _____
RM * Cor/CanPar 1g	_____	_____	/ /	\$ 125.00	\$ _____
<u>FINE GRIND</u>					
<u>420-1000 microns</u>					
RM * CanPar 0.25g	_____	_____	/ /	\$ 40.00	\$ _____
RM * CanPar 0.50g	_____	_____	/ /	\$ 71.00	\$ _____
<u>PERIO GRIND</u>					
<u>1000-1700 microns</u>					
RM * CanPar 0.5g	_____	_____	/ /	\$ 71.00	\$ _____
RM * CanPar 1g	_____	_____	/ /	\$ 125.00	\$ _____

Continue on Reverse Side

SubTotal \$ _____



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

Street Number _____ Postal Code _____
 Auth. Tkt.# _____ Security Code _____

SUBTOTAL \$ _____
 Qty or Mtg 5% \$ _____
 SUBTOTAL \$ _____

DATE SHIPPED: ____ / ____ / ____

INVOICE NO: _____

SUBTOTAL \$ _____
 Shipping \$ _____

SHIPPED : FED EX: APO: OTHER: _____

TOTAL DUE \$ _____

SHIPPING TRACKING # _____

Quantity Discount After 10 g or More Ordered

PROCESSED AND VERIFIED BY: _____

Payment only U.S. Mail Email



SPECIAL INSTRUCTIONS/NOTES:
