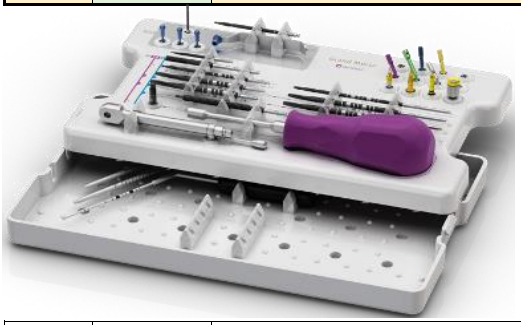
Zygo S Order Form

Doctors Name:_____

Acct#: _____

Quantity	Ref#	Description



Quantity	Ref #	description
	USKZYGOS	Zygo S surgical Kit