



Order Form

Rep: _____

Shipping Information	
Facility Name:	
Shipping Contact Name:	
Date of Case (MM/DD/YY):	Product Arrival Date (MM/DD/YY):
Shipping Address:	
City:	State: Zip:
Phone:	Fax:
Email:	

Billing Information	
Facility Name:	
Billing (Accounts Payable) Contact Name:	
Billing Address:	
City:	State: Zip:
Phone:	Fax:
Email:	

Order Information							
Product	Size	Storage	Single Layer	Double Layer	Price/Ea.	Qty	Total
iPatch™ Dehydrated Amniotic Membrane	5mm	Ambient (Room Temp)	iPatch-105	iPatch-205			
	8mm		iPatch-108	iPatch-208			
	10mm		iPatch-110	iPatch-210			
	12mm		iPatch-112	iPatch-212			

Shipping & Handling	
Standard Order (5-9 units)	\$40.00
Medium Order (10-20 units)	\$45.00
Large Order (21+ units)	\$65.00

Total Product Charges	
Shipping & Handling Charges	
Total Order	

Payment Information
Credit Card Payment (Credit card payment information must be provided to Valston Medical Customer Service)

Distributor ID (for internal use only):	ODOF
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