



Order Form

Rep: _____

Shipping Information		
Facility Name:		
Shipping Contact Name:		
Today's Date (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	Price/Ea.	Qty	Total
iPatch™ Dehydrated Amniotic Membrane	5mm	Ambient (Room Temp)	iPatch-105			
	8mm		iPatch-108			
	10mm		iPatch-110			
	12mm		iPatch-112			

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	
FedEx Shipping	2-Day
Total Cost	

Payment Information	
Credit Card Payment (Credit card payment information must be provided to Valston Medical Customer Service)	
Credit Card on File:	PO#:

Distributor ID (for internal use only):	<input type="text"/>
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