Rocky Mountain Tissue Bank
2993 S. Peoria St., Suite 390
Aurora, CO 80014
(800) 424-5169 fax (303) 337-9383
www.rmtb.org

ORDER FORM

TELEPHONE NUMBER: _____ **DATE:** _____
FAX NUMBER: _____ **P.O.#:** _____
SOLD TO: _____ **SHIP TO:** _____

_____ _____
_____ _____
_____ _____
Email: _____ _____

SHIPPING INFORMATION:
PRODUCT NEEDED BY: _____
SHIPPING PRIORITY:
2DAY ☐ ST. O/N ☐ PRIORITY O/N ☐ INT. ☐

CUSTOMER INFORMATION:
NEW: ☐ CURRENT: ☐
REFERRED BY: _____
TYPE OF PRACTICE: _____

ORDER ACCEPTED BY: _____

PRODUCT

SIZE	QTY	LOT NUMBER / VIAL #	EXP. DATE	PRICE	EXTENSION
Cancellous					
RM • CanPar 0.25 g	_____	_____	____ / ____	$ 32.00	$ _____
RM • CanPar 0.5 g	_____	_____	____ / ____	$ 56.00	$ _____
RM • CanPar 1 g	_____	_____	____ / ____	$ 99.00	$ _____
RM • CanPar 2 g	_____	_____	____ / ____	$ 182.00	$ _____
RM • CanPar 3 g	_____	_____	____ / ____	$ 270.00	$ _____
Cortical					
RM • CorPar 0.5 g	_____	_____	____ / ____	$ 56.00	$ _____
RM • CorPar 1 g	_____	_____	____ / ____	$ 99.00	$ _____
Bone Blocks					
5x10x10 mm RM • BB	_____	_____	____ / ____	$ 115.00	$ _____
5x10x20 mm RM • BB	_____	_____	____ / ____	$ 230.00	$ _____
5x10x30 mm RM • BB	_____	_____	____ / ____	$ 346.00	$ _____
10x10x10 mm RM • BB	_____	_____	____ / ____	$ 166.00	$ _____
10x10x20 mm RM • BB	_____	_____	____ / ____	$ 282.00	$ _____
10x10x30 mm RM • BB	_____	_____	____ / ____	$ 395.00	$ _____

MC / VISA / DIS.: _____ EXP. DATE: ____ / ____
Street Number _____ Postal Code _____
Auth. Tkt.# _____ Security Code _____
DATE SHIPPED: _____ / _____ / _____
INVOICE NO: _____
SHIPPED : FED EX: ☐ APO ☐ OTHER: _____
SHIPPING TRACKING # _____
PROCESSED AND VERIFIED BY: _____

SUBTOTAL	$ _____
Qty or Mtg 5%	$ _____
SUBTOTAL	$ _____
Prepay 1%	$ _____
SUBTOTAL	$ _____
Shipping	$ _____
TOTAL DUE	$ _____

ICB

☐ Payment only ☐ U.S. Mail ☐ Email