



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:	16
Effective Date:	04/15/2026
Page:	1 of 2

TELEPHONE NUMBER: _____

DATE: _____

FAX NUMBER: _____

P.O.#: _____

SOLD TO: _____

SHIP TO: _____

Email: _____

SHIPPING INFORMATION:

CUSTOMER INFORMATION:

PRODUCT NEEDED BY: _____

NEW: CURRENT:

SHIPPING PRIORITY:

REFERRED BY: _____

2DAY ST. O/N PRIORITY O/N INT.

TYPE OF PRACTICE: _____

ORDER ACCEPTED BY: _____

PRODUCT

SIZE	QTY	LOT NUMBER / VIAL #	EXP. DATE	PRICE	EXTENSION
<u>CANCELLOUS</u>			<u>yyyy/ mm /dd</u>		
RM • CanPar 0.25 g	_____	_____	/ /	46.00	\$ _____
RM • CanPar 0.5 g	_____	_____	/ /	79.00	\$ _____
RM • CanPar 1 g	_____	_____	/ /	140.00	\$ _____
RM • CanPar 2 g	_____	_____	/ /	234.00	\$ _____
RM • CanPar 3 g	_____	_____	/ /	\$ 338.00	\$ _____
<u>CORTICAL</u>					
RM • CorPar 0.5 g	_____	_____	/ /	39.00	\$ _____
RM • CorPar 1 g	_____	_____	/ /	\$ 68.00	\$ _____
<u>BONE BLOCKS</u>					
5x10x10 mm RM • BB	_____	_____	/ /	\$ 166.00	\$ _____
5x10x20 mm RM • BB	_____	_____	/ /	\$ 310.00	\$ _____
5x10x30 mm RM • BB	_____	_____	/ /	\$ 413.00	\$ _____
10x10x10 mm RM • BB	_____	_____	/ /	\$ 243.00	\$ _____
10x10x20 mm RM • BB	_____	_____	/ /	\$ 348.00	\$ _____
10x10x30 mm RM • BB	_____	_____	/ /	\$ 448.00	\$ _____
<u>50/50 COR/CANC</u>					
RM * Cor/CanPar 0.5g	_____	_____	/ /	\$ 79.00	\$ _____
RM * Cor/CanPar 1g	_____	_____	/ /	\$ 140.00	\$ _____
<u>FINE GRIND</u>					
<u>420-1000 microns</u>					
RM * CanPar 0.25g	_____	_____	/ /	\$ 46.00	\$ _____
RM * CanPar 0.50g	_____	_____	/ /	\$ 79.00	\$ _____
<u>PERIO GRIND</u>					
<u>1000-1700 microns</u>					
RM * CanPar 0.5g	_____	_____	/ /	\$ 79.00	\$ _____
RM * CanPar 1g	_____	_____	/ /	\$ 140.00	\$ _____

Continue on Reverse Side

SubTotal \$ _____



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

Street Number _____ Postal Code _____ Qty or Mtg 5% \$ _____

Auth. Tkt.# _____ Security Code _____ SUBTOTAL \$ _____

DATE SHIPPED: ____ / ____ / _____

INVOICE NO: _____

SHIPPED : FED EX: APO: OTHER: _____

SHIPPING TRACKING # _____

PROCESSED AND VERIFIED BY: _____

Payment only U.S. Mail Email

SUBTOTAL \$ _____
 Shipping \$ _____
TOTAL DUE \$ _____

Quantity Discount After 10 g or More Ordered

ICB

SPECIAL INSTRUCTIONS/NOTES:
