



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: | 15 |
| Effective Date: | 08/20/2024 |
| Page: | 1 of 2 |

TELEPHONE NUMBER: _____

DATE: _____

FAX NUMBER: _____

P.O.#: _____

SOLD TO: _____

SHIP TO: _____

Email: _____

SHIPPING INFORMATION:

CUSTOMER INFORMATION:

PRODUCT NEEDED BY: _____ N/A _____

NEW: CURRENT:

SHIPPING PRIORITY:

N/A _____ REFERRED BY: _____

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

N/A _____ TYPE OF PRACTICE: _____

ORDER ACCEPTED BY: _____

PRODUCT

| SIZE | QTY | LOT NUMBER / VIAL # | EXP. DATE | PRICE | EXTENSION |
|--------------------------|-------|---------------------|--------------|-----------|-----------|
| CANCELLOUS | | | | | |
| 1000-3000 microns | | | | | |
| | | | yyyy/ mm /dd | | |
| RM • CanPar 0.25 g | _____ | _____ | / / | 44.00 | \$ _____ |
| RM • CanPar 0.5 g | _____ | _____ | / / | 76.00 | \$ _____ |
| RM • CanPar 1 g | _____ | _____ | / / | \$ 135.00 | \$ _____ |
| RM • CanPar 2 g | _____ | _____ | / / | \$ 226.00 | \$ _____ |
| RM • CanPar 3 g | _____ | _____ | / / | \$ 326.00 | \$ _____ |
| CORTICAL | | | | | |
| RM • CorPar 0.5 g | _____ | _____ | / / | \$ 37.00 | \$ _____ |
| RM • CorPar 1 g | _____ | _____ | / / | \$ 65.00 | \$ _____ |
| BONE BLOCKS | | | | | |
| 5x10x10 mm RM • BB | _____ | _____ | / / | \$ 160.00 | \$ _____ |
| 5x10x20 mm RM • BB | _____ | _____ | / / | \$ 299.00 | \$ _____ |
| 5x10x30 mm RM • BB | _____ | _____ | / / | \$ 399.00 | \$ _____ |
| 10x10x10 mm RM • BB | _____ | _____ | / / | \$ 234.00 | \$ _____ |
| 10x10x20 mm RM • BB | _____ | _____ | / / | \$ 336.00 | \$ _____ |
| 10x10x30 mm RM • BB | _____ | _____ | / / | \$ 432.00 | \$ _____ |
| 50/50 COR/CANC | | | | | |
| 1000-1700 microns | | | | | |
| RM * Cor/CanPar 0.5g | _____ | _____ | / / | \$ 76.00 | \$ _____ |
| RM * Cor/CanPar 1g | _____ | _____ | / / | \$ 135.00 | \$ _____ |
| FINE GRIND | | | | | |
| 420-1000 microns | | | | | |
| RM * CanPar 0.25g | _____ | _____ | / / | \$ 44.00 | \$ _____ |
| RM * CanPar 0.50g | _____ | _____ | / / | \$ 76.00 | \$ _____ |
| PERIO GRIND | | | | | |
| 1000-1700 microns | | | | | |
| RM * CanPar 0.5g | _____ | _____ | / / | \$ 76.00 | \$ _____ |
| RM * CanPar 1g | _____ | _____ | / / | \$ 135.00 | \$ _____ |

Continue on Reverse Side

SubTotal \$ _____



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: 15

Effective Date: 08/20/2024

Page: 2 of 2

SELECT BELOW:

USE LAST CARD ON FILE: _____
NEW CARD: _____

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: _____

Payment only

U.S. Mail

Email

Quantity Discount After 10 g or More Ordered

SUBTOTAL \$ _____

Qty or Mtg 5% \$ _____

SUBTOTAL \$ _____

SUBTOTAL \$ _____

Shipping \$ _____

TOTAL DUE \$ _____

ICB

SPECIAL INSTRUCTIONS/NOTES:
