



Prices effective January 2008

The leader in ocular surface tissue therapies

For orders placed 8 AM– 4 PM EST  
Call: (888) 296-8858 Fax: (305) 412-4429

For orders placed 4 PM– 7 PM EST  
Call: (800) 990-1306 Fax: (858) 676-0331

Effective January 2008

Order Form

**SHIPPING INFORMATION:**

Facility/Hospital Name: \_\_\_\_\_ Shipping Contact Name: \_\_\_\_\_

Date of Surgery (MM/DD/YY): \_\_\_\_\_ Date Product to Arrive (MM/DD/YY): \_\_\_\_\_

Shipping Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ e-mail: \_\_\_\_\_

Utilizing Physician: \_\_\_\_\_

Name of Person Placing Order: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**BILLING INFORMATION:**

Facility/Hospital Name: \_\_\_\_\_ Billing Contact Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ e-mail: \_\_\_\_\_

**ORDER INFORMATION:** Fees are per unit.

Cat. No.	Description	Fees	Quantity	Total Fees
AG-1510	AMNIOGRAFT® 1.5 x 1.0 cm Size D			
AG-2015	AMNIOGRAFT® 2.0 x 1.5 cm Size B			
AG-2520	AMNIOGRAFT® 2.5 x 2.0 cm Size A			
AG-3535	AMNIOGRAFT® 3.5 x 3.5 cm Size C			
PK-15	PROKERA® - 15 mm			
PK-16	PROKERA® - 16 mm			

**DOMESTIC (US) SHIPPING & HANDLING OPTIONS\*:**

Overnight Delivery (by 10:30 am) (call for charges)

First Overnight (by 8:30 am) (call for charges)

Saturday Delivery (call for charges)

Same Day Shipments (call for charges)

**INTERNATIONAL SHIPPING & HANDLING OPTIONS:** (call for charges)

TOTAL FEES	
SHIPPING & HANDLING CHARGES*	
<b>TOTAL ORDER FEES</b>	

\* Please select one for the following shipping options. Shipping prices and methods are subject to availability. Bio-Tissue will not be responsible for delays due to carrier delivery or processing by customs agencies.

It is recommended that AMNIOGRAFT® and PROKERA® be stocked and stored or ordered for delivery at least 2 days prior to use to avoid any unforeseen shipping delays.

**PAYMENT INFORMATION:**

Purchase Order Number: \_\_\_\_\_ Bio-Tissue Account Number: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Name: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Credit Card Type:  MC  VISA  AMEX Billing Zip Code: \_\_\_\_\_

Check Number: \_\_\_\_\_

**REPLACEMENT POLICY:** Bio-Tissue will send a same size replacement for EXPIRED tissue if it is stored using product storage guidelines. No credits will be issued. Call 1-888-296-8858 for more details.



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