



PROVIDER INFORMATION

Form fields for Provider Information: Clinic Name, Physician Name, Physician NPI Number, Email

PURCHASING CONTACT INFORMATION

Form fields for Purchasing Contact Information: Name, Email, Phone Number

SHIPPING INFORMATION

Form fields for Shipping Information: Clinic Name, ATTN To, Address 1, Address 2, City, State, Zip Code, Country

SALES REP CONTACT INFORMATION

Form fields for Sales Rep Contact Information: Rep Name, Rep Email

ORDER INFORMATION

Table with 4 columns: Product Name, QTY, Price, Sub-Total. Rows include 3.0cm x 3.0cm, 4.0cm x 4.0cm, and 6.5cm x 6.5cm AmnioBind Placental Allograft.

Total: [Form Field]

PRICING TIERS

Table with 5 columns: Size, Tier 1 Price, Tier 2 Price, Tier 3 Price, Tier 4 Price. Rows for 3.0cm x 3.0cm, 4.0cm x 4.0cm, and 6.5cm x 6.5cm.

Footnote details: 1 Purchases of 0 - 4 total membranes qualify for Tier 1 Pricing, 2 Purchases of 5 - 14 total membranes qualify for Tier 2 Pricing, 3 Purchases of 15 - 24 total membranes qualify for Tier 3 Pricing, 4 Purchases of 25+ total membranes qualify for Tier 4 Pricing. \* Larger size allograft membranes available upon request

ORDERING INSTRUCTIONS

- Email completed form to: orders@pipelinehealthcaresolutions.com.
• You will receive an email confirming your order prior to shipment.
• Payment must be confirmed prior to shipment, tracking numbers will be sent via email.
• Orders recieved will be shipped within 1 business day.
• Products are shipped Monday through Friday.
• If you require expedited shipping, please contact customer service.