

ARIES™-L IBFD – SALES FORM

SURGERY INFORMATION	SHIPPING INFORMATION
HOSPITAL NAME:	SHIP TO:
ADDRESS:	ADDRESS:
CITY:	CITY:
STATE/ZIP:	STATE/ZIP:
SURGEON:	DISTRIBUTOR NAME:
PATIENT ID:	PHONE:
SET #:	<input type="checkbox"/> 2 ND DAY <input type="checkbox"/> OTHER _____

	ITEM #	DESCRIPTION	LOT #	QTY	REPLENISH?	UNIT PRICE	EXTENDED PRICE
INTERBODIES	1400-__200	LLIF INTERBODY, 20X40X08, __°			<input type="checkbox"/>		
	1400-__201	LLIF INTERBODY, 20X40X10, __°			<input type="checkbox"/>		
	1400-__202	LLIF INTERBODY, 20X40X12, __°			<input type="checkbox"/>		
	1400-__203	LLIF INTERBODY, 20X40X14, __°			<input type="checkbox"/>		
	1400-__210	LLIF INTERBODY, 20X45X08, __°			<input type="checkbox"/>		
	1400-__211	LLIF INTERBODY, 20X45X10, __°			<input type="checkbox"/>		
	1400-__212	LLIF INTERBODY, 20X45X12, __°			<input type="checkbox"/>		
	1400-__213	LLIF INTERBODY, 20X45X14, __°			<input type="checkbox"/>		
	1400-__220	LLIF INTERBODY, 20X50X08, __°			<input type="checkbox"/>		
	1400-__221	LLIF INTERBODY, 20X50X10, __°			<input type="checkbox"/>		
	1400-__222	LLIF INTERBODY, 20X50X12, __°			<input type="checkbox"/>		
	1400-__223	LLIF INTERBODY, 20X50X14, __°			<input type="checkbox"/>		
	1400-__230	LLIF INTERBODY, 20X55X08, __°			<input type="checkbox"/>		
	1400-__231	LLIF INTERBODY, 20X55X10, __°			<input type="checkbox"/>		
	1400-__232	LLIF INTERBODY, 20X55X12, __°			<input type="checkbox"/>		
	1400-__233	LLIF INTERBODY, 20X55X14, __°			<input type="checkbox"/>		
	1400-__240	LLIF INTERBODY, 20X60X08, __°			<input type="checkbox"/>		
	1400-__241	LLIF INTERBODY, 20X60X10, __°			<input type="checkbox"/>		
	1400-__242	LLIF INTERBODY, 20X60X12, __°			<input type="checkbox"/>		
	1400-__243	LLIF INTERBODY, 20X60X14, __°			<input type="checkbox"/>		
DISPOSABLES	ML-0068	LIGHT CABLE			<input type="checkbox"/>		
	ML-0441S	INSULATED DILATORS			<input type="checkbox"/>		
	ML-0345	DILATOR CLIP			<input type="checkbox"/>		
	302430-000-160	NERVE STIMULATOR PROBE			<input type="checkbox"/>		
	ML-0301	K WIRE BLUNT			<input type="checkbox"/>		
	ML-0303	K WIRE SHARP			<input type="checkbox"/>		
	ML-0513	SPIKE SHIM			<input type="checkbox"/>		
	ML-0517	SCREW SHIM			<input type="checkbox"/>		
OTHER					<input type="checkbox"/>		
					<input type="checkbox"/>		
					<input type="checkbox"/>		
						TOTAL	

SALES REPRESENTATIVE (SIGN): _____

HOSPITAL REPRESENTATIVE (SIGN): _____

Send sales forms to orders@osseus.com
 Send purchase orders to accounting@osseus.com
 -OR- fax to (866) 766-8978

