

ARIES™-TS SALES FORM
SURGERY INFORMATION

HOSPITAL NAME:
ADDRESS:
CITY:
STATE/ZIP:
SURGEON:
PATIENT ID:
SET #:

SHIPPING INFORMATION

SHIP TO:
ADDRESS:
CITY:
STATE/ZIP:
DISTRIBUTOR NAME:
PHONE:
<input type="checkbox"/> 2 ND DAY <input type="checkbox"/> OTHER _____

ITEM #	DESCRIPTION	LOT #	QTY	UNIT PRICE	EXTENDED PRICE
1100-__20S	10x24x7, __°, TLIF INTERBODY				
1100-__21S	10x24x8, __°, TLIF INTERBODY				
1100-__22S	10x24x9, __°, TLIF INTERBODY				
1100-__23S	10x24x10, __°, TLIF INTERBODY				
1100-__24S	10x24x11, __°, TLIF INTERBODY				
1100-__25S	10x24x12, __°, TLIF INTERBODY				
1100-__26S	10x24x13, __°, TLIF INTERBODY				
1100-__27S	10x24x14, __°, TLIF INTERBODY				
1100-__28S	10x24x15, __°, TLIF INTERBODY				
1100-__20S	10x24x16, __°, TLIF INTERBODY				
1100-__20S	10x28x7 __°, TLIF INTERBODY				
1100-__30S	10x28x8, __°, TLIF INTERBODY				
1100-__31S	10x28x9, __°, TLIF INTERBODY				
1100-__32S	10x28x10, __°, TLIF INTERBODY				
1100-__33S	10x28x11, __°, TLIF INTERBODY				
1100-__34S	10x28x12, __°, TLIF INTERBODY				
1100-__35S	10x28x13, __°, TLIF INTERBODY				
1100-__36S	10x28x14, __°, TLIF INTERBODY				
1100-__37S	10x28x15, __°, TLIF INTERBODY				
1100-__38S	10x28x16, __°, TLIF INTERBODY				
1100-__50S	10x32x7 __°, TLIF INTERBODY				
1100-__51S	10x32x8, __°, TLIF INTERBODY				
1100-__52S	10x32x9, __°, TLIF INTERBODY				
1100-__53S	10x32x10, __°, TLIF INTERBODY				
1100-__54S	10x32x11, __°, TLIF INTERBODY				
1100-__55S	10x32x12, __°, TLIF INTERBODY				
1100-__56S	10x32x13, __°, TLIF INTERBODY				
1100-__57S	10x32x14, __°, TLIF INTERBODY				
1100-__58S	10x32x15, __°, TLIF INTERBODY				
1100-__50S	10x32x16, __°, TLIF INTERBODY				
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

