



Order Form

Rep: _____

Cut-Off Time for All Orders – 12 PM MST

ORDER OPTIONS

- Starter Kit \$4250 plus shipping and handling (\$1500 SAVINGS)**
- Five (5) XCELL PRP 60ML Kits
 - Executive Series Centrifuge
 - Bench Top Processing Station
 - 1cc Vial of Exosomes
 - Personalized Brochures (1000)
 - Aesthetic Orthopedic
 - Both *An additional cost of \$90
 - Personalized Poster (2)-(24"x36")
 - Patient Education Seminar Slides
 - Regenerative Medicine Patient Education Presentation Slides
 - Preferred Profile on www.discoverstemcelltherapy.com
 - Remote Product Training
- *ALL TRAINING IS DONE REMOTELY***

- | Select Items: | QTY: |
|---|-------|
| XCELL PRP Kits | |
| <input type="checkbox"/> XC-PRP-60 (60ML) | _____ |
| Single Spin PRP Kits | |
| <input type="checkbox"/> SS-PRP-30 (30ML) | _____ |
| <input type="checkbox"/> SS-PRP-60 (60ML) | _____ |
| <input type="checkbox"/> SS-PRP-120 (120ML) | _____ |
| Double Spin PRP Kits | |
| <input type="checkbox"/> DS-PRP-30 (30ML) | _____ |
| <input type="checkbox"/> DS-PRP-60 (60ML) | _____ |
| <input type="checkbox"/> DS-PRP-120 (120ML) | _____ |
| Double Spin A2M Kits | |
| <input type="checkbox"/> DSFC-PRP-120 (120ML) | _____ |
| Single Spin Bone Marrow Kits | |
| <input type="checkbox"/> SS-BMC-60 (60ML) | _____ |
| <input type="checkbox"/> SS-BMC-120 (120ML) | _____ |
| Double Spin Bone Marrow Kits | |
| <input type="checkbox"/> DS-BMC-60 (60ML) | _____ |
| <input type="checkbox"/> DS-BMC-120 (120ML) | _____ |

- | Select Items: | QTY: |
|---|--------------------|
| Amnio Membrane Patch | |
| <input type="checkbox"/> AMA-1X1 (1CM ²) | _____ |
| <input type="checkbox"/> AMA-2X2 (4CM ²) | _____ |
| <input type="checkbox"/> AMA-2X4 (8CM ²) | _____ |
| <input type="checkbox"/> AMA-4X6 (32CM ²) | _____ |
| <input type="checkbox"/> AMA-7X15 (105CM ²) | _____ |
| StemShot Vials | |
| <input type="checkbox"/> STS-0050 (.5CC) | _____ |
| <input type="checkbox"/> STS-0100 (1CC) | _____ |
| <input type="checkbox"/> STS-0200 (2CC) | _____ |
| StemShot | |
| <input type="checkbox"/> STV-0100 (1CC) | _____ |
| <input type="checkbox"/> STV-0200 (2CC) | _____ |
| Amniotic Fluid Vials | |
| <input type="checkbox"/> AF-0050 (.5ML) | _____ |
| <input type="checkbox"/> AF-0100 (1ML) | _____ |
| <input type="checkbox"/> AF-0200 (2ML) | _____ |
| Pure Cord Blood Tissue Vials | |
| <input type="checkbox"/> CB-0020 (.25ML) | _____ |
| <input type="checkbox"/> CB-0050 (.5ML) | _____ |
| <input type="checkbox"/> CB-0100 (1ML) | _____ |
| <input type="checkbox"/> CB-0200 (2ML) | _____ |
| Exosomes: | |
| <input type="checkbox"/> XO-0100-15 | _____ |
| <input type="checkbox"/> XO-0500-15 | _____ |
| <input type="checkbox"/> XO-0100-2 | _____ |
| <input type="checkbox"/> XO-0500-2 | _____ |
| Centrifuge | |
| <input type="checkbox"/> Executive Series | _____ |
| <input type="checkbox"/> Platinum Series | _____ |
| *Orders DO NOT include S&H* | TOTAL _____ |

CLIENT INFORMATION

Clinic Name: _____

Office Phone: _____

Physician Name: _____

Email Address: _____

Cell Phone: _____

Physician Signature: _____

Shipping Address: _____

City: _____

State: _____ Zip: _____

Check box to receive emails with the latest updates and sales promotions on products and services.

Procedure Date & Time:

Required for all allograft tissue orders. Please DO NOT schedule procedures on Monday and Tuesday AM

CREDIT CARD AUTHORIZATION

Card Holder name (as listed on card): _____

Card Type: Visa MasterCard American Express

Credit Card Number: _____

Expiration Date: _____ Security Code: _____

Your credit card will be kept on file for future orders.
Other payment arrangements may be made with our finance dept. by emailing kaho@apexbiologix.com. If invoices go past due, your card on file will be charged.

Signature: _____ **Date:** ____/____/____

Printed Name: _____

Contact Information

<p>For Questions about Orders Spencer Furner 801.903.1127 spencer@apexbiologix.com</p>	<p>APEX Biologix 5650 S Green St. Murray, UT 84123 Fax 888.894.2815</p>
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