



# 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
- Eppendorf 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](http://www.discoverstemcelltherapy.com)
- Remote Product Training
- \*ALL TRAINING IS DONE REMOTELY\***

- Select Items: QTY:**
- XCELL PRP Kits**
- XC-PRP-60 (60ML) \_\_\_\_\_
  - XC-PRP-120 (120ML) \_\_\_\_\_
- XCELL Protein Concentration Kits**
- XC-PC-120 (120ML) \_\_\_\_\_
- XCELL Bone Marrow Kits**
- XC-BMC-60 (60ML) *Coming Soon!*
  - XC-BMC-120 (120ML) *Coming Soon!*
- Equipment & Misc. Supplies**
- Eppendorf Centrifuge \_\_\_\_\_
  - ELMI Series 8 \_\_\_\_\_
  - Lead Screw \_\_\_\_\_
  - Benchtop Processing Station \_\_\_\_\_
  - Sodium Citrate \_\_\_\_\_

- Select Items: QTY:**
- Amnio Membrane Patch**
- AMA-1X1 (1CM<sup>2</sup>) \_\_\_\_\_
  - AMA-2X2 (4CM<sup>2</sup>) \_\_\_\_\_
  - AMA-2X4 (8CM<sup>2</sup>) \_\_\_\_\_
  - AMA-4X6 (32CM<sup>2</sup>) \_\_\_\_\_
  - AMA-7X15 (105CM<sup>2</sup>) \_\_\_\_\_
- StemShot Vials**
- STS-0050 (.5CC) \_\_\_\_\_
  - STS-0100 (1CC) \_\_\_\_\_
  - STS-0200 (2CC) \_\_\_\_\_
- StemShot Vials**
- STV-0500 (.5CC) \_\_\_\_\_
  - STV-0100 (1CC) \_\_\_\_\_
  - STV-0200 (2CC) \_\_\_\_\_
- Amniotic Fluid Vials**
- AF-0050 (.5ML) \_\_\_\_\_
  - AF-0100 (1ML) \_\_\_\_\_
  - AF-0200 (2ML) \_\_\_\_\_
- Pure Cord Blood Tissue Vials**
- CB-0020 (.25ML) \_\_\_\_\_
  - CB-0050 (.5ML) \_\_\_\_\_
  - CB-0100 (1ML) \_\_\_\_\_
  - CB-0200 (2ML) \_\_\_\_\_
- Exosomes:**
- XO-0100-15 \_\_\_\_\_
  - XO-0500-15 \_\_\_\_\_
  - XO-0100-2 \_\_\_\_\_
  - XO-0500-2 \_\_\_\_\_

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