Fax completed form to: 888-894-2815

Order Form

Rep:_____

ORDER OPTIONS

Cut-Off Time for All Orders – **12 PM** *MST*

☐ **Starter Kit $4250** *plus shipping and handling* **($1500 SAVINGS)**
- Five (5) **XCELL PRP** 60ML Kits
- Eppendorf Centrifuge
- Bench Top Processing Station
- Personalized Brochures (1000)
  ☐ Aesthetic ☐ Orthopedic
  ☐ BOTH **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 TRAININGS ARE 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^2)	_____
☐ AMA-2X2 (4CM^2)	_____
☐ AMA-2X4 (8CM^2)	_____
☐ AMA-4X6 (32CM^2)	_____
☐ AMA-7X15 (105CM^2)	_____
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**	_____

Procedure Date & Time:

_____ _____

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

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.

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

For Questions about Orders
Spencer Furner 801.903.1127
spencer@apexbiologix.com

APEX Biologix
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Fax 888.894.2815