ORDER FORM



Sales Rep:	Date:

		EZSTARTER SYSTEM	UNIT PRICE	QTY	TOTAL PRICE
1 x	EZMINISPIN	Preconfigured, low RPM centrifuge			
1 x	EZC00L	Preset cooling device	\$3,295.00		
10 x	EZ2K kit	ezPRF kits	φ3,295.00		
10 x	EZ4K kit	ezPRF kits			
1 x	CosmoPen ADD-ON	1 CosmoPen 30 Tips 10 Intensive Repair Collagen Masks	+ \$1,495.00 \$4,790.00		

N E	EW	EZGEL SYSTEM		
1 x	EZMINISPIN	Preconfigured, low RPM centrifuge		
1 x	EZHEAT	Preset heating device		
1 x	EZC00L	Preset cooling device		
10 x	EZGEL kit	ezGEL kits	\$4,495.00	
5 x	EZ2K kit	ezPRF kits		
5 x	EZ4K kit	ezPRF kits		
1 x	Box of EZINJECT (27G x 4mm)	Pack of 5		
1 x	CosmoPen ADD-ON	1 CosmoPen 30 Tips 10 Intensive Repair Collagen Masks	+ \$1,495.00 \$5,990.00	
			Φ0,770.00	

EZPRF KITS*

1 x	EZ2K kit	1 blister of 2 ezPRF tubes Blood collector set Disposable tourniquet 2 x 3ml luer-lock syringe	\$79.00
10 x	EZ2K kit	2 x 22G x 2" sharp collection needle 27G x 1/2" sharp needle 30G x 1/2" sharp needle Female-to-female luer-lock connector 23G x 1.5" DermaSculpt ® microcannula 25G x 1.5" DermaSculpt ® microcannula	\$632.00 20% OFF
1 x	EZ4K kit	2 blisters of 2 ezPRF tubes Blood collector set Disposable tourniquet 2 x 3ml luer-lock syringe 2 x 22G x 2"sharp collection needle 27G x 1/2" sharp needle 30G x 1/2" sharp needle 1 x 5ml luer-lock syringe	\$109.00
10 x	EZ4K kit	Female-to-female luer-lock connector 23G x 1.5" DermaSculpt®microcannula 25G x 1.5" DermaSculpt®microcannula	\$872.00 20% 0FF
1 x	EZGEL kit	1 Blister of 2 ezPRF tubes Blood collector set Disposable tourniquet 5ml luer-lock heat-resistant syringe + cap (x1 Blue) 5ml luer-lock heat-resistant syringe + cap (x1 Orange) 1ml luer-lock heat-resistant syringe + cap (x5 Red)	\$189.50
10 x	EZGEL kit	Fluid dispenser connector 276 x 1 1/2" sharp needle (x2) 186 x 2" sharp needle (x2) 326 x 1/2" sharp needle (x1) 226 x 2" DermaSculpt microcannula 256 x 1.5" DermaSculpt microcannula	\$1705.50 10% OFF
1 x	EZINJECT (27G x 4mm)	Pack of 5	\$29.95
1 x	EZINJECT (30G x 4mm)	Pack of 5	\$29.95

^{*}Only available for subsequent orders.

Please see reverse side for additional information.









EZPRFOFREV'

Sales Rep:	Date:				
Please check Shipping Method: (Shipping rate will be calculated & added to you ord		UND e > \$1500)	Express 2 Days	Standard Overnight	Priority Overnight
Order Summary		·	,		
Name:	Phone:				
Medical License (mandatory):	Email (manda	atory):			
Payment Method					
Name:		C:CV			
Credit Card # :	(first & last as it appears on credit card):			/	
Billing Address:	(Visa, MC, Amex)				
Dikting Address:	Line 1				
Shipping Information (if different from billing)	Line 2	State:		_ Zip Code:	
Address:		City:			
	Line 1	State:		Zip Code:	
Tax Exempt:	Line 2	_		- '	
	ude a valid copy of your Seller's Permit with your initial order)	Signature	:		
No - Purchase may be subject to sales tax.					