

**ORDER FORM**Date: **SHIPPING INFORMATION**

Facility/Hospital Name:
Shipping Contact Name:
Date of Surgery (MM/DD/YY): Product Arrival Date (MM/DD/YY):
Shipping Address:
City: Province: Postal Code:
E-mail: Phone: Fax:

BILLING INFORMATION

Facility/Hospital Name:
Billing Contact Name:
Billing Address:
City: Province: Postal Code:
E-mail: Phone: Fax:

ORDER INFORMATION

ITEM #	DESCRIPTION	QUANTITY
EAS-90010-C	Aurora Single Layer 10mm Amnion Disc	
EAS-90012-C	Aurora Single Layer 12mm Amnion Disc	
EV-0-90005-C	Eclipse Plus 5mm Single Layer Amnion Disc	
EV-0-90008-C	Eclipse Plus 8mm Single Layer Amnion Disc	
EV-0-90010-C	Eclipse Plus 10mm Single Layer Amnion Disc	
EV-0-90012-C	Eclipse Plus 12mm Single Layer Amnion Disc	
EV-0-90014-C	Eclipse Plus 14mm Single Layer Amnion Disc	
EV-0-90016-C	Eclipse Plus 16mm Single Layer Amnion Disc	
EV-0-73011	Tetra Plus 1X1 cm Single Layer Amnion Surgical Patch	
EV-0-73012	Tetra Plus 1X2 cm Single Layer Amnion Surgical Patch	
EV-0-73022	Tetra Plus 2X2 cm Single Layer Amnion Surgical Patch	
	Dry Eye Forceps	
Aurora Total QTY		
Eclipse Total QTY		
Tetra Total QTY		
Total QTY		

WOULD YOU LIKE A PRICE ESTIMATE PRIOR TO PURCHASE INVOICE ?YES ☐ NO ☐**REP INFORMATION**

Distributor/Representative Name: Sub-Rep Name:
Contact Information:
Notes:

ORDERING AND PAYMENT INFORMATION

Payment directed to Ophthalmologix Canada Inc in Ancaster, ON
Email: supportca@ophthalmologix.ca | www.ophthalmologix.com
Health Access Certificate 100277