

BILLING FORM

Date _____ Purchase Order (PO) # _____

Physician First and Last Name _____

Surgery Date _____ Patient Initials _____

SafetyFix Sales Representative (if applicable) _____

BILLING INFORMATION

Company / Facility _____

Address _____ Suite _____

Address Line 2 _____

City _____ State _____ Zip Code _____

Contact Name and Title _____

Phone _____ Fax _____

Email _____

ORDER SUMMARY BY ITEM

Item No.	EasyOut NON-Cannulated	Quantity	Unit	Line Total
2.5-1.9-14	2.5mm NON-Cannulated Cortical Screw - Length 14		\$250	\$
2.5-1.9-16	2.5mm NON-Cannulated Cortical Screw - Length 16		\$250	\$
2.5-1.9-18	2.5mm NON-Cannulated Cortical Screw - Length 18		\$250	\$

Total Item Quantity _____

Order Sub-Total \$ _____

Comments