

SALES ORDER FORM

Fusion Orthopedics, LLC. 4135 S. Power Rd., Suite 110 Mesa, Arizona 85212 Phone: 800-403-6876 Fax: 866-603-5281 F-760-300-C

| Patient Number and Initials: | | | PO Number: | | | | |
|--|------|-----------------|--------------------------|--------------|--|--|--|
| | | | Doctor: | | | | |
| | | | Surgery Date: | Tray SN: | | | |
| | | | Distributor: | | | | |
| Surgery Facility Address: | | | Representative: | | | | |
| | | | Phone: | | | | |
| | | | Email: | | | | |
| Facility Bill To Address: | | | Ship Refills To Address: | Loaner Tray: | | | |
| | | | | | | | |
| Part Number LOT Number Prod | | uct Description | Price Qty Extension | | | | |
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| Standard 3rd Day Air or Applicable Fees for 2nd day and Overnight may apply. SHIPPING / HANDLING: | | | | \$95 | | | |
| | | | TOTAL: | | | | |
| CUSTOMER SIGNATU | JRE: | | SEND PO TO: | | | | |