



**FAX your order to us using this form or  
 order online at [www.vtsonline.com](http://www.vtsonline.com)!**

**FAX (253) 856-1830**

<b>Veterinarian's Name:</b>		<b>Choose One:</b> <input type="checkbox"/> <b>Just Ship It!</b> or <input type="checkbox"/> <b>Call me to confirm by phone</b> <input type="checkbox"/> <b>Email my confirmation to me</b> ----- <b>Questions?</b> <b>Call us toll-free</b> <b>(800) 558-5223 or visit us at</b> <b><a href="http://www.vtsonline.com">www.vtsonline.com</a></b>
<b>Clinic Name:</b>		
<b>Clinic City, State:</b>		
<b>Clinic Phone:</b>		
<b>Contact Person:</b>		
<b>Email Address:</b>		

**OSTEOALLOGRAFT – Osteoinductive Real Bone Allograft**

<b>Orthomix<sup>®</sup></b>		<b>0.5 cc</b>	<b>1 cc</b>	<b>2 cc</b>	<b>3 cc</b>	<b>4 cc</b>	<b>5 cc</b>
<u>Freeze-Dried</u>	Canine - Fine					Please put the number of grafts you would like to order into the corresponding boxes.	
	Canine - Ultra Fine						
	Feline – Ultra Fine						
<u>Frozen</u>	Canine - Fine						

<b>Periomix<sup>®</sup></b>		<b>0.2 cc</b>	<b>0.3 cc</b>	<b>0.5 cc</b>	<b>2 cc</b>	<b>3cc</b>	<b>6 cc</b>
<u>Freeze-Dried</u>	Canine						
	Feline						
	Equine						

<b>Ossiflex<sup>®</sup> Bone Membrane</b>		<b>Size 1</b>	<b>Size 2</b>	<b>Size 3</b>	<b>Size 3L</b>	<b>Size 4</b>
<u>Freeze-Dried</u>	Canine					

<b>FUSION Xpress – Injectable Bone Putty</b>		<b>0.5 cc</b>	<b>1 cc</b>	<b>2.5 cc</b>
<u>Dental or Ortho</u>				

Please put the number of grafts you would like to order into the corresponding boxes.

<b>SYNERGY – Pure Synthetic Bone Graft</b>		<b>4 cc</b>	<b>5 cc</b>	<b>15 cc</b>
<u>Orthopedic</u>	Synergy - Ortho			
<u>Dental</u>	Mini - Vials			
	Pro - Vials			

Please put the number of grafts you would like to order into the corresponding boxes.

**Shipping Preference:**     US Mail \$15     FedEx 2-Day \$30     FedEx Overnight \$45 Freeze-Dried / \$75 Frozen

**Billing Preference:**     Invoice me (circle one: in the shipment box or mail separately)     VISA     MasterCard     American Express

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_