

## VETERINARY TRANSPLANT SERVICES, INC.

215 East Titus Street Kent, WA 98032 USA Phone: (253) 520-0771 www.vtsonline.com



## FAX your order to us using this form or order online at www.vtsonline.com!

FAX (253) 856-1830

Veterinaria	n's Name:								Choose One:	
Clir	nic Name:								Just Ship It! or	
Clinic C	ity, State:								all me to confirm by phone	
Clinic Phone:									Email to confirm my order was received & ship dateQuestions?	
Contact Person:									Call us toll-free	
Email Address:									) 558-5223 or visit us at vww.vtsonline.com	
OSTEOALLOGRA	AFT <sup>*</sup> – Oste	oinducti	ve Real Bon	e Allograft				1444		
Orthomix <sup>*</sup>			0.5 cc	<b>1</b> cc	2 cc	3 сс	4 cc	5 cc		
Freeze-Dried	<u>Oried</u> Canine* - Fine							Please put the number of grafts you would like to order into the corresponding boxes.		
(	Canine* - Ul	ltra Fine							_	
Frozen	Canin	ne - Fine								
Periomix <sup>*</sup>				0.3 сс	0.5 cc	3cc				
Freeze-Dried	Canine S	Source*								
Ossiflex <sup>®</sup> Bone I	Membrane	9	Size 1	Size 2	Size 3	Size 3L	Size 4	Size 5		
<u>Freeze-Dried</u>	Equine S									
Fortigen™-P - Su			0.5 cc	1.0 cc	2.5 cc					
Osteoinductive <u>Freeze-Dried</u>	Bone Graf									
Treeze Bried	Equitie	Jource								
FUSION Xpress™	– Injectab	le Bone F	O.5 cc	1 cc	2.5 cc		<del>T</del>	<del>}</del>		
Dental or Ortho	Equi	ne Source	<u>)</u> *							
SYNERGY™— Pure	Synthetic	Bone Gra	aft	į		371	杆井			
			4 cc	ole) /F ::	5 cc	15 cc				
<u>Orthopedic</u>	Synergy	- Ortho	(8 x 0.5 cc via	is) (5 x	1 cc vials)	(3 x 5 cc vials)	Please p	out the number o	of grafts you would like to order into the corresponding boxes.	
<u>Dental</u>	Mir	ni - Vials							Packaged for Dental Use	
	D.	o - Vials			Г		$\neg$		Packaged for Dental Use	
	PI	O - Viais								
*VTS grafts can b	e used in ar	ny animal	species (exce	pt corneas an	d frozen graft	s)				
Shipping Preference	ce: FedE	k Ground \$	15 <b>FedEx</b> 2	<b>2-Day</b> \$35 ☐	FedEx Overnigh	n <b>t</b> \$55 Freeze-Dr	ied / Frozen TB	D by FedEx <u>E</u>	xtra AM Delivery add \$10	
Billing Preference:	Charge	my credit	t card OR [	Invoice me	<u>AND</u> : Invo	oice/CC receipt	::  email m	e or 🔲 in shi	pment box or snail mail	
Card Number: Exp. Date: Billing Zip C									:	