

Order Form

30 N. Gould St Ste	R	Date of Order:	
Sheridan, WY 82801		Order Number:	
	orders@h2optics.net	PO#:	
		Patient ID:	
Customer Info:			
Account Name:		Distributor:	
Contact Name:		Distributor Contact:	
Contact e-mail:		Distributor Number:	
Contact Number:		Sales Rep:	
Quantity	Description	Unit Price	Amount
	8mm Ocular Amnion Disc	\$350	
	10mm Ocular Amnion Disc	\$350	
Billing:	Time of Order: Terms:	Sub-Total:	
9	Charge CC: ACH:	Discount:	
	ee will apply	Total:	
	Shipping I	<u>Method</u>	
FedEx:		Pick Up	
Date to Receive:	Time to Receive:	Date of Pick Up:	
Facility or Office:		Time of Pick Up:	
Ship to Address:		Ву:	
Address 2:			
City:			
State:			
Notes:	·		