

Order Form

Fax Form to 1.800.886.8266

Requesting Provider	_____
Facility Name	_____
Facility Address	_____
Order Date	_____
Provider Phone	_____
Patient Name/Case ID	_____
Email	_____
Date of Service	_____
NPI Number	_____

☐ Signature Required

☐ No Signature Required

	SKU	Product Description	Size	Units	List Price	ASP	Extended Price	Qty
Coll-e-Derm™ Q4193	ADT22M	Coll-e-Derm™, Acellular Dermal Matrix, Meshed	2x2cm	4	\$7,800.00	\$8,268.00		
	ADT23M	Coll-e-Derm™, Acellular Dermal Matrix, Meshed	2x3cm	6	\$11,700.00	\$12,402.00		
	ADT24M	Coll-e-Derm™, Acellular Dermal Matrix, Meshed	2x4cm	8	\$15,600.00	\$16,536.00		
	ADT44M	Coll-e-Derm™, Acellular Dermal Matrix, Meshed	4x4cm	16	\$31,200.00	\$33,072.00		
	ADT46M	Coll-e-Derm™, Acellular Dermal Matrix, Meshed	4x6cm	24	\$46,800.00	\$49,608.00		
	ADT48M	Coll-e-Derm™, Acellular Dermal Matrix, Meshed	4x8cm	32	\$62,400.00	\$66,144.00		

*This order form should be submitted after insurance has been verified using the Extremity Care Insurance Verification Request (IVR) form.

*The prices reflected on this order form may be subject to a rebate, as defined in your executed fulfillment agreement.

Extremity Care LLC • 555 E North Lane, Ste 5000, Bldg D • Conshohocken, PA 19428 • www.extremitycare.com

CUSTOMER SERVICE 1.888.694.6694 | customerservice@extremitycare.com

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FAX 1.800.886.8266