



## Order Form

### Shipping Information

Facility Name
Shipping Contact Name
Shipping Address
Phone Number
Fax Number
Email Address
Date of Case
Product Arrival Date & Time

### Billing Information (if different from Shipping Information)

Facility Name
Billing Contact Name
Shipping Address
Phone Number
Fax Number
Email Address

### Order Details

Product Code	Manufacturer	Cost Per Unit	Quantity	Total Cost	Order Type

### Purchase Order Number:

Email completed form to [Orders@AdvancedSolution.Health](mailto:Orders@AdvancedSolution.Health)

**Order Cut Off Time – 4pm EST (Any order submitted after 4pm EST may be processed the next business day)**

Accounts with past due balance will require approval from accounting department before orders are processed

Delivery delays are always possible. To ensure product arrives promptly for cases, please consider placing all orders at least 2-3 days before date of surgery.

Account is responsible for cost of any lost product after delivery is successfully made

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