

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

| | Catalog # | Product Description | Units | List Price | ASP | Extended Price | QTY |
|-----------------------------|-----------|--|-------|-------------|-------------|----------------|-----|
| completeFT™ Q4271 | EFT22 | completeFT™ Placental Allograft Membrane 2x2cm | 4 | \$6,600.00 | \$6,996.00 | | |
| | EFT23 | completeFT™ Placental Allograft Membrane 2x3cm | 6 | \$9,900.00 | \$10,494.00 | | |
| | EFT24 | completeFT™ Placental Allograft Membrane 2x4cm | 8 | \$13,200.00 | \$13,992.00 | | |
| | EFT44 | completeFT™ Placental Allograft Membrane 4x4cm | 16 | \$26,400.00 | \$27,984.00 | | |
| | EFT46 | completeFT™ Placental Allograft Membrane 4x6cm | 24 | \$39,600.00 | \$41,976.00 | | |
| | EFT48 | completeFT™ Placental Allograft Membrane 4x8cm | 32 | \$52,800.00 | \$55,968.00 | | |

*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

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BILLING 1.844.484.CPAC (2722) | orders@extremitycare.com

FAX 1.800.886.8266