



Date of Surgery: _____

Purchase Order #: _____

WHITE PEARL & GEMINI-C SYSTEMS - SALES FORM

SURGERY INFORMATION

HOSPITAL NAME:
ADDRESS:
CITY:
STATE/ZIP:
SURGEON:
PATIENT ID:
SET #:

SHIPPING INFORMATION

SHIP TO:
ADDRESS:
CITY:
STATE/ZIP:
DISTRIBUTOR NAME:
PHONE:
<input type="checkbox"/> 2 ND DAY <input type="checkbox"/> OTHER _____

WHITE PEARL ANTERIOR CERVICAL PLATING SYSTEM

	ITEM #	DESCRIPTION	LOT #	QTY	UNIT PRICE	EXTENDED PRICE
CERVICAL PLATES	2100-11___	1-LEVEL, ___mm				
	2100-21___	2-LEVEL, ___mm				
	2100-31___	3-LEVEL, ___mm				
	2100-41___	4-LEVEL, ___mm				
CERVICAL SCREWS	2100-01___	VARIABLE/DRILLING, 3.75X___mm				
	2100-02___	FIXED/DRILLING, 3.75x___mm				
	2100-03___	VARIABLE/TAPPING, 3.75x___mm				
	2100-04___	FIXED/TAPPING, 3.75x___mm				
	2100-07___	VARIABLE/TAPPING, 4.25x___mm				
	2100-08___	FIXED/TAPPING, 4.25x___mm				
	INSTRUMENT S	2100-6070	FIXATION PIN			
2100-6170		FIXATION SCREW				
					TOTAL	

GEMINI-C HYBRID CERVICAL INTERBODY SYSTEM

	ITEM #	DESCRIPTION	LOT #	QTY	UNIT PRICE	EXTENDED PRICE
INTERBODIES	2000-1412-___L	SMALL ___mm - LORDOTIC				
	2000-1613-___L	MEDIUM ___mm- LORDOTIC				
	2000-1814-___L	LARGE ___mm- LORDOTIC				
					TOTAL	

OTHER						
						TOTAL

SALES REPRESENTATIVE (SIGN): _____

HOSPITAL REPRESENTATIVE (SIGN): _____

Send sales forms to orders@osseus.com
 Send purchase orders to accounting@osseus.com
 -OR- fax to (866) 766-8978

