

| PRODUCT | SIZE (cm ²) | Q CODE | UNIT PRICE | QUANTITY | PATIENT ID# | WOUND LOCATION | IVR APPROVAL # | TREATMENT WEEK # |
|--------------|-------------------------|--------|-------------|----------|-------------|----------------|----------------|------------------|
| DERMABIND-TL | 2 x 2 | Q4225 | \$3,480.00 | | | | | |
| DERMABIND-TL | 3 x 3 | Q4225 | \$7,830.00 | | | | | |
| DERMABIND-TL | 4 x 4 | Q4225 | \$13,920.00 | | | | | |
| DERMABIND-TL | 6.5 x 6.5 | Q4225 | \$37,410.00 | | | | | |
| | | | | | | | | |
| DERMABIND-FM | 2 x 2 | Q4313 | \$8,970.00 | | | | | |
| DERMABIND-FM | 3 x 3 | Q4313 | \$20,182.50 | | | | | |
| DERMABIND-FM | 4 x 4 | Q4313 | \$35,880.00 | | | | | |
| DERMABIND-FM | 6.5 x 6.5 | Q4313 | \$96,427.5 | | | | | |

PROVIDER'S BILLING INFORMATION

CLINIC NAME: _____

PHYSICIAN NAME: _____ PHYSICIAN NPI #: _____

BILLING ADDRESS: _____

CONTACT PERSON: _____

EMAIL: _____ PHONE: _____

SALES PERSON

ORDER DATE: _____

REP NAME: _____ REP EMAIL: _____

SHIPPING INFORMATION

____ CHECK IF SAME AS BILLING

CLINIC NAME: _____ CONTACT PERSON: _____

SHIPPING ADDRESS: _____

EMAIL: _____ PHONE: _____

TREATMENT DATE: _____ OVERNIGHT SHIPPING REQUESTED ____ Yes ____ No

ORDERING INFORMATION & INSTRUCTIONS

- Email this completed form for each patient to: sales@globalsupplyexchange.com or your sales representative
- Orders received Prior to 2pm MST may be eligible for same day shipping
- Orders will be shipped via 2-day transportation (included), unless expedited shipping is requested (additional fees may apply)
- Available products will be confirmed by email and will ship within 1 business day

