



Order Form

P.O.#: _____

Customer No.: _____

To place an order, please fill out the following and fax to: 805-962-4615.

Business Name: _____
(Business Name)

Ship to: _____ & _____
(Physician's Name) (Address)

City: _____ **State:** _____ **Zip:** _____ **Country:** _____

Date Expected: _____ (To Receiver's Location)

Your Name: _____ **Tel:** _____ **Fax:** _____
(First and Last Name)

E-Mail: _____

Bill To: _____
(If it's the same as the Ship To location leave blank)

City: _____ **State:** _____ **Zip:** _____ **Country:** _____

Credit Card No: _____ **Exp. Date:** _____
NOW FOR YOUR SAFETY AND PRIVACY CALL IN CREDIT CARD NUMBER

Billing Address for Credit Card Statement: _____
(If it's the same as the Ship To location leave blank)

_____ **Zip Code:** _____

Name on Card: _____

Item #	Description	Packages	Total
Seroma-Cath® Wound Drainage System			
#1002	Original SeromaCath® 2" Sold by the Box. Bulbs <i>NOT</i> included	5 packages/box	Boxes
#1035	Long SeromaCath® 3.5" Sold by the Box. Bulbs <i>NOT</i> included	5 packages/box	Boxes
#1275	Blunt SeromaCath® 2.75" Sold by the Box. Bulbs <i>NOT</i> included	5 packages/box	Boxes
#2001	Sapphire Suction Reservoir™ 100cc Bulb Sold by the Each - NOT Box.	1 per package	Each
SurgiFish® Viscera Retainer			
#4001	SurgiFish Viscera Retainer Sold by the Box	10 packages/box	Boxes

314 East Carrillo Street, Suite 1 Santa Barbara, California 93101
Tel:805-962-5883 Tel:800-424-2155 Fax: 805-962-4615

Note: Federal law (USA) restricts sale of these devices to or on the order of a physician.