



# ORDER FORM



## ACCOUNT INFORMATION

Physician (First Name)  
 \_\_\_\_\_

Physician (Last Name)  
 \_\_\_\_\_

NPI (Account Number)  
 \_\_\_\_\_

Email  
 \_\_\_\_\_

## SHIPPING INFORMATION

Clinic Name  
 \_\_\_\_\_

Address  
 \_\_\_\_\_

City  
 \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

## ORDERING INFORMATION

DISCRIPTION	SIZE	QTY	PRICE	VOLUME COST
Nano PRP Jelly	3 ml/ 70mg		\$150	
Nano Flex	1 ml/ 150mg		\$561	
Nano Flex	2 ml/ 300mg		\$761	
Nano Flow	1 ml		\$711	
Nano Flow	2 ml		\$1,061	
Nano Xsomes	180 Billion/ml		\$1,250	
Nano AER	50 Billion		\$500	
Nano EX	30 Billion		\$250	
GHK Copper	4ml		\$25	
HA (Human)	4ml		\$25	
HA (Plant)	4ml		\$25	

Shipping Cost: Orders requiring dry ice incur a charge of \$150, while shelf-stable orders have a shipping fee of \$50. **TOTAL** \_\_\_\_\_

## CREDIT CARD INFORMATION

Credit Card Number  
 \_\_\_\_\_

Exp Date. \_\_\_\_\_ CCV or security code \_\_\_\_\_

Master Card
  Visa
  Discover
  Amex

## REQUESTED ARRIVAL DATE

MM/DD/YY  
 \_\_\_\_\_

Account Manager  
 \_\_\_\_\_

Rep/Distributor Name  
 \_\_\_\_\_

ALL ORDERS MUST BE SUBMITTED PRIOR TO 3:00 PM EASTERN TIME IF SAME- DAY SHIPMENT IS REQUIRED.  
 ALL SHIPMENTS WILL BE SENT OVERNIGHT. SHIPMENT WILL DELIVER THE NEXT DAY BEFORE 10:30 AM.

- 1.Fill out the order form.
- 2.Send the order form via Email: [OrdersePlatinumBiologics.com](mailto:OrdersePlatinumBiologics.com)
- 3.We will confirm the order via email or phone prior to shipment.
- 4.Tracking number will be sent via email.
- 5.Payments MUST be confirmed prior to shipment.
- 6.Please order your supply 2 days before your procedure(s)
- 7.Shipments are made Monday - Thursday only.

