



Lipotherme Supply Order Form

Fax Order To: 214-540-1798

Phone: 214-540-3398

Attn: Cyndi

Date: _____

Buyer:

Buyer:

Company:

Name:

Address:

Suite:

City, State, Zip

Phone:

Fax:

Ship to:

Buyer:

Company:

Name:

Address:

Suite:

City, State, Zip

Phone:

Fax:

Shipping: Standard Overnight 10:30 am Overnight 3:00 pm Two-day 5:00 pm
(Shipping and handling charges will appear on invoice)

Product Reference	Description	Units	Price	QTY.
Noir-YG3	Lipotherme Protective Eyewear	Each	\$157.50	
Lipotherme Fiber	Lipotherme Fiber Optic/Hand Piece Kit (10)	Pack	\$1,250	
Lipotherme Fiber	Lipotherme Fiber Lipotherme Fiber Optic/Hand Piece Kit (5)	Pack	\$675	
Lipotherme Smooth Kit	Lipotherme Fiber Single Unit SmoothKit - Rounded tip - Integrated fiber/cannula	Each	\$280	
Lipo-LP-FS-60	Stripper, DBLF-60	Each	\$80	
Lipo-LP-FC-002 AC	Autoclavable Fiber Cleaver	Each	\$80	
Travel Case	Travel Case	Each	\$1500	

Payment Information: Visa MasterCard American Express

Credit Card Information:

Name on Card: _____

Credit Card Number: _____ Expiration Date: _____

Invoice with credit card receipt will be mailed to the buyer listed above and will include cost of parts, supplies, shipping, handling and applicable taxes.

Fax Order to the Attention of Cyndi at 214-540-1798