



fax to: 805-684-0497
Attn: Customer Care

Fax Order Form

Account Name _____ (Please Print) Account Number _____

Contact _____ Purchase Order _____

Phone _____ Fax _____

Comments _____

Order Type: Standard Consignment Replacement

Please Ship Via*:
* Consult Fax Order Instructions for cut-off times

UPS, 5-7 Business Days
 FedEx, Next Day/4:30pm
 FedEx, 2-Day
 FedEx, Overnight/8:30am (if available)
 FedEx, 3-Day
 FedEx, Overnight/10:30am
 FedEx, Sat. Delivery

Catalog #	Qty	Comments (Patient Name/Chart Number, etc.)	Spectrum Use Only		
			Price Verification	In Stock	Back Ordered

_____ _____ Surgery Date: _____ N/A

Authorized Signature Date

Prepaid by Credit Card (OPTIONAL) VISA AMEX Mastercard

Name: _____ Card # _____ Expiration Date: _____

Authorized Signature _____ Date _____

Spectrum Use Only

Confirmed By _____ Sales Order # _____ Date _____

Comments: _____