

## Puros® Allograft Customized Block Order form



## Step 1:

Customer uses this order form and sends it together with CT/CBCT scan directly to ZimVie (we transfer) to Puros-block@zimvie.com and cc to info@implacom.nl

## Step 2:

ZimVie sends design draft directly to client for approval and will cc Implacom in this mail info@implacom.nl

## Step 3:

Once approved by client, client places the order using this order form and sends it to <a href="mailto:info@implacom.nl">info@implacom.nl</a>.

Implacom will place the order with ZimVie.

Please fill-in the	following information		
Account Number:			
Customer name:			
E-mail (to send de	esign draft for review and approval):		
Patient Initials (firs	st two letters of first and last name):		
Defect Site:			
Number of planne	ed implants:		
Implant Length/Di	ameter:		
•	te the final design has been approved the Puros Allograft er approximately 4-6 weeks. The expected delivery date		
Product Code	Description	Price excl. VAT*	Quantity
67217	Puros Allograft Customized Block <b>STANDARD</b> Size: max 27 x 15 x 15mm	1.385,00 €	
67218	Puros Allograft Customized Block <b>LARGE</b> , Size: min 27.1 x 15.1 x 15.1 – max 60 x 30 x 30mm	1.662,00 €	
Optional Produc	ets, Recommended to use		
97004	CopiOs® Pericardium Membrane, 30 x 40mm	244,00 €	
67210	Puros Cancellous Particulate Allograft Size: 0.25-1mm / 0.5cc	133,00 €	
*Prices are exclusiv	ve of VAT and shipping costs   Puros Allograft 0% VAT   Membra be subject to modification   Version 1 juni		nformation and can
Full Name of Signatory:		Stamp	
Date & Signature (D	Dentist/Surgeon):		



