



# Bill Only Form

Digital Compression Screw  
 Submit to: [orders@bioproimplants.com](mailto:orders@bioproimplants.com)

|  |   |                     |  |
|--|---|---------------------|--|
| <b>Facility Name</b>                               |   | <b>P.O. Number</b>  |  |
| <b>Bill To Address</b>                             |   | <b>Surgery Date</b> |  |
|  |   | <b>Surgeon Name</b> |  |
|  |   | <b>Patient Name</b> |  |
| <b>Ship To Address</b><br>(No charge replacements) | <input type="checkbox"/> No Replacements <input type="checkbox"/> Same as above | <b>Sales Rep</b>    |  |
|  |   | <b>Rep Phone</b>    |  |

| 1.5mm | Length | Item # | Qty | Lot(s) | Amount |
|-------|--------|--------|-----|--------|--------|
|       | 20mm   | 17201  |     |        |        |
|       | 25mm   | 17202  |     |        |        |
|       | 30mm   | 17110  |     |        |        |
|       | 35mm   | 17111  |     |        |        |
|       | 40mm   | 17112  |     |        |        |
|       | 45mm   | 17113  |     |        |        |
|       | 50mm   | 17114  |     |        |        |
|       | 55mm   | 17115  |     |        |        |

| 1.8mm | Length | Item # | Qty | Lot(s) | Amount |
|-------|--------|--------|-----|--------|--------|
|       | 20mm   | 17203  |     |        |        |
|       | 25mm   | 17204  |     |        |        |
|       | 30mm   | 17116  |     |        |        |
|       | 35mm   | 17117  |     |        |        |
|       | 40mm   | 17118  |     |        |        |
|       | 45mm   | 17119  |     |        |        |
|       | 50mm   | 17120  |     |        |        |
|       | 55mm   | 17121  |     |        |        |

| Description          | Item # | Qty | Lot(s) | Amount |
|----------------------|--------|-----|--------|--------|
| DCS Driver           | 18032  |     |        |        |
| DCS Removal Driver   | 17550  |     |        |        |
| K-wire 1.1mm x 150mm | 22919  |     |        |        |
| K-wire 1.6mm x 150mm | 22920  |     |        |        |

|                    |  |
|--------------------|--|
| <b>Case Total:</b> |  |
|--------------------|--|

Affix Patient Sticker Here

Affix Implant Sticker Here

Affix Implant Sticker Here

**COMMENTS**