



# Bill Only Form

Digitalis Silicone Spacer

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>    |  |

| Size                          | Item #     | Qty | Lot(s) | Amount |
|-------------------------------|------------|-----|--------|--------|
| DIGITALIS MCP SPACER – SIZE 1 | DDG3T01001 |     |        |        |
| DIGITALIS MCP SPACER – SIZE 2 | DDG3T01002 |     |        |        |
| DIGITALIS MCP SPACER – SIZE 3 | DDG3T01003 |     |        |        |
| DIGITALIS MCP SPACER – SIZE 4 | DDG3T01004 |     |        |        |
| DIGITALIS MCP SPACER – SIZE 5 | DDG3T01005 |     |        |        |
| DIGITALIS PIP SPACER – SIZE 1 | DDG3T02001 |     |        |        |
| DIGITALIS PIP SPACER – SIZE 2 | DDG3T02002 |     |        |        |
| DIGITALIS PIP SPACER – SIZE 3 | DDG3T02003 |     |        |        |
| DIGITALIS PIP SPACER – SIZE 4 | DDG3T02004 |     |        |        |

**Accessories**

| Description | Item Number | Qty | Lot Number(s) | Amount |
|-------------|-------------|-----|---------------|--------|
|             |             |     |               |        |
|             |             |     |               |        |

Loaner Instrument Sets: (1) SET.DIGITALIS– DIGITALIS COMPLETE INSTRUMENT SET

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

Affix Patient Sticker Here

Affix Implant Sticker Here

Affix Implant Sticker Here

**COMMENTS**