

PRODUCT	SIZE <small>(cm2)</small>	Q CODE	UNIT PRICE	QUANTITY	PATIENT ID#	WOUND LOCATION	IVR APPROVAL #	TREATMENT WEEK #
DERMABIND-TL	2 x 2	Q4225	\$5,482.92					
DERMABIND-TL	3 x 3	Q4225	\$12,336.57					
DERMABIND-TL	4 x 4	Q4225	\$21,931.68					
DERMABIND-TL	6.5 x 6.5	Q4225	\$58,941.39					
DERMABIND-FM	2 x 2	Q4313	\$14,082.72					
DERMABIND-FM	3 x 3	Q4313	\$31,686.12					
DERMABIND-FM	4 x 4	Q4313	\$56,330.88					
DERMABIND-FM	6.5 x 6.5	Q4313	\$151,389.24					

PROVIDER’S BILLING INFORMATION

CLINIC NAME: \_\_\_\_\_

PHYSICIAN NAME: \_\_\_\_\_ PHYSICIAN NPI #: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

EMAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

SALES PERSON ORDER DATE: \_\_\_\_\_

REP NAME: \_\_\_\_\_ REP EMAIL: \_\_\_\_\_

SHIPPING INFORMATION \_\_\_\_\_ CHECK IF SAME AS BILLING

CLINIC NAME: \_\_\_\_\_ CONTACT PERSON: \_\_\_\_\_

SHIPPING ADDRESS: \_\_\_\_\_

EMAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

TREATMENT DATE: \_\_\_\_\_ OVERNIGHT SHIPPING REQUESTED \_\_\_\_\_Yes \_\_\_\_\_No

ORDERING INFORMATION & INSTRUCTIONS

- Email this completed form for each patient to: **[sales@mdconsultinghealth.com](mailto:sales@mdconsultinghealth.com)**
- Orders received Prior to 2pm MST may be eligible for same day shipping
- Orders will be shipped via 2-day transportation (included), unless expedited shipping is requested (additional fees may apply)
- Available products will be confirmed by email and will ship within 1 business day

