KMTI.orders@kyocera.com

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1200 California Street, Ste 210
Redlands, CA 92374

office: +1.909.557.2360
fax +1.909.839.6269

Chesapeake Regional Medical Center
DELIVERY/CHARGE TICKET

Date: _____
Hospital: CHESAPEAKE GENERAL HOSPITAL
Address: 736 BATTLEFIELD BLVD NORTH
City: CHESAPEAKE
State, Zip: VIRGINIA 23320

Surgeon: _____
Patient: _____

Sales Association: 440innovations, llc / Newport News VA
Sales Associate: _____
Sales Associate Contact Info: _____

Patient Sticker

Please email copy of Delivery Ticket to: KMTI.orders@kyocera.com
Please email PO directly to: KMTI.orders@kyocera.com
PO No: _____

Item No.	Description		Qty	Lot #	Unit Price	Ext. Price
ORB-0304C-KC	BioCera Fibers 10cc (4cc Hydrated)	10cc			$ 616.00	
ORB-0310C-KC	BioCera Fibers 25cc (10cc Hydrated)	25cc			$ 1,408.00	
ORB-0320C-KC	BioCera Fibers 50cc (20cc Hydrated)	50cc			$ 2,640.00	
				Total		

Authorized Signature: _____