



Otogram Supply Order Form

Fax completed form to: 281-754-4145

BILL TO:	SHIP TO:
[Account #]	[Name]
[Company Name]	[Company Name]
[Street Address]	[Street Address]
[City, ST ZIP Code]	[City, ST ZIP Code]
[Phone]	[Phone]

SELECT METHOD OF SHIPMENT. If no selection is made, shipment will be sent by Express Saver.

<input type="checkbox"/> Standard Overnight (normally by 4:30pm the next business day) - \$ 29.00	
<input type="checkbox"/> Express Saver (normally 3-5 business days depending on destination) - \$ 9.00	
<input type="checkbox"/> Charge to MY Fedex Account # _____	Method: _____

QTY	ITEM	DESCRIPTION	UNIT PRICE	LINE TOTAL
_____	YG00116	3A Foam Ear Tips (Standard/Yellow), 50 tips/Bag	\$ 28.75/ BAG	_____
_____	YG00118	3B Foam Ear Tips (Smaller/Beige), 50 tips/Bag	\$ 31.65/ BAG	_____
_____	YG00120	3C Foam Ear Tips (Jumbo/Yellow), 24 tips/Bag	\$ 30.50/ BAG	_____
_____	YG00184	12-16mm Rubber Ear Tips (Large/Red), 100 tips/Bag	\$ 115.00/ BAG	_____
_____	YG00178	10-14mm Rubber Ear Tips (Medium/Orange), 100 tips/Bag	\$ 115.00/ BAG	_____
_____	YG00183	7-11mm Rubber Ear Tips (Small/Green), 100 tips/Bag	\$ 115.00/ BAG	_____
_____	YG00124	8mm Rubber Ear Tips (Small/Red), 100 tips/Bag	\$ 115.00/ BAG	_____
_____	YG00126	16mm Rubber Ear Tips (Standard/Yellow), 100 tips/Bag	\$ 115.00/ BAG	_____
_____	YG00022	Otobow for Bone Vibrator, 1 each	\$ 249.00/ EA	_____
_____	YG00353	Tympanometry Calibration Cavities, 1 set of 3 cavities	\$ 80.00/ SET	_____
_____	YG00234	Push Button for Patient Response (A3300 and previous)	\$ 64.00/ EA	_____
_____	YG00144	Pager Receiver, 1 each	\$ 92.00/ EA	_____
_____	YG00145	Pager Transmitter and USB Extension, 1 set	\$ 64.00/ SET	_____
_____	YD00075	Otogram User Manual, 1 each	\$ 126.00/ EA	_____
_____	YD00195	Otogram PCP Reference Manual, 1 each	\$76.00/ EA	_____

PAYMENT METHOD

Please send invoice with order. Please bill credit card. (Complete the box below)

<input type="checkbox"/> American Express	<input type="checkbox"/> Mastercard	<input type="checkbox"/> Visa
Credit Card # _____		Exp Date: _____
Card Billing Address: _____		Security Code: _____
Name on Card: _____	Authorized Signature _____	Date: _____

**Sterile Items, Such as Ear Tips, Are Non-Cancelable and Non-Returnable.
Orders Placed After 2PM Central Will Be Fulfilled The Next Business Day.**

