

## Implant Solutions Order Form

Doctor Name: \_\_\_\_\_

Doctor Address \_\_\_\_\_

Doctor Phone Number \_\_\_\_\_

Type of Credit Card \_\_\_\_\_ Mastercard \_\_\_\_\_ Visa

Credit Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ Security Code \_\_\_\_\_

Name on Card \_\_\_\_\_

Credit Card Address \_\_\_\_\_

Doctor e-mail Address \_\_\_\_\_

**Order**

	<b>Workstation - 4561</b>	\$17,000.00
	Optional Module Nerve Detection - 4564	\$ 1,500.00
	Optional Module 3D - 4572	\$ 1,500.00
	Optional Module GonyX - 4573	\$ 1,650.00

	<b>Client Version - 4577</b>	\$ 5,050.00
	Optional Module Nerve Detection -4564	\$ 1,500.00
	Optional Module 3D - 4572	\$ 1,500.00
	Optional Module GonyX - 4573	\$ 1,650.00

	<b>Server Version (all Inclusive) - 4560</b>	\$29,900.00
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	<b>Pay Per Procedure Software – 4583</b>	\$2,500.00 (+\$150.00 per patient)
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	<b>Support Maintenance (per Month) – 4575</b>	\$ 150.00
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**Total Amount Due to Implant Solutions: \$**

***FREE TRAINING AND FIRST TWO MONTHS OF MAINTENANCE  
CONTRACT FREE WITH PURCHASE OF SOFTWARE!***

**Please complete this form and fax to (715) 387-4100**

