

Please print this form and fax to (305) 232-8421 (Credit Card orders only)
or mail form with payment to address below, or call (800) 330-1522

Skin Biopsy Punches Order Form

Date: _____ Order Placed by: _____

Doctor's Name: _____

Clinic Name: _____

Practice Type (circle all that apply) Small Animal Large Animal Exotic
Other: _____ Physician: _____

Shipping Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax# _____

Email: _____

| QTY | ITEM# | DESCRIPTION | PRICE | EXTENDED |
|---|---------------|---|-----------------|----------|
| | BOP-BCLBP15 | Biopsy Punch 1.5mm; (White); Pkg/25 | 48.19 | |
| | BOP-BCLBP25 | Biopsy Punch 2.5mm; (Green); Pkg/25 | 48.19 | |
| | BOP-BCLBP30 | Biopsy Punch 3.0mm; (Gray); Pkg/25 | 48.19 | |
| | BOP-BCLBP50 | Biopsy Punch 5mm; (Pink) Pkg/25 | 48.19 | |
| | BOP-BCLBP60 | Biopsy Punch 6mm; (Green) Pkg/25 | 48.19 | |
| | BOP-BCLBP80 | Biopsy Punch 8mm; (Fuscia) Pkg/25 | 48.19 | |
| | BOP-BCLBP99 | Biopsy Punch; Combo (5 each of 2mm, 3mm, 4mm, 5mm, 6mm); Pkg/25 | 58.51 | |
| | BOP-CABC0109W | Biopsy Cassette; White; Two-Piece; Single Chamber; 100/Bx | 14.05 | |
| **Prices are subject to change** | | | Subtotal | |

****Shipping charges vary depending on location; actual costs are added to all orders at time of shipment****

****Sales tax will be added on Florida orders. Please call for exact total****

For charges to be applied to a MasterCard or Visa please complete:

Card# _____ Exp: _____ CID (Card Security #) _____

Name as it appears on card: _____

Signature: _____

Billing address (if different from shipping address)

Street Address: _____

City: _____ State: _____ Zip Code: _____

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