

AmnioArmor Order Form

Requesting Provider _____ Order Date _____

Provider Phone _____ Patient Initials _____

Email _____ Case ID _____

Shipping Address Line 1 _____ Date of Service _____

Shipping Address Line 2 _____ State _____

City _____ Zip Code _____

	Part Number	Description	Units	Unit Price	Invoice Price	Order Qty.
Q4188	RBA83011	AmnioArmor [®] Dual Layer Amnion Patch (1x1cm)	1	\$480	\$480	
	RBA83122	AmnioArmor [®] Dual Layer Amnion Patch (2x2cm)	4	\$480	\$1,920	
	RBA83223	AmnioArmor [®] Dual Layer Amnion Patch (2x3cm)	6	\$480	\$2,880	
	RBA83344	AmnioArmor [®] Dual Layer Amnion Patch (4x4cm)	16	\$480	\$7,680	
	RBA83446	AmnioArmor [®] Dual Layer Amnion Patch (4x6cm)	24	\$480	\$11,520	
	RBA83548	AmnioArmor [®] Dual Layer Amnion Patch (4x8cm)	32	\$480	\$15,360	

After insurance has been verified using RevoGen Biologics Insurance Verification Request form, the provided order form should be submitted. The order form can also be found at revogenbio.com/specialties/wound-care/.

This order form reflects prices that may be subject to a rebate as defined in your executed Rebate Fulfillment Agreement.