

Reconstruction Pack -Quote Form

Name: _____

Company: _____

Phone: _____

Email: _____

For each custom pack, please **copy** this form & check off items of interest. Fax completed form(s) to (401) 722-1160
We'll be happy to provide a quote and a sample for your review. If you have any questions, please feel free to give us a call.

Select Bio-Bones Prosthetics:

- | | | |
|--|--|---|
| <input type="checkbox"/> Humerus | <input type="checkbox"/> Full Arm (Flex Elbow) | <input type="checkbox"/> Full Arm (Stayput Elbow) |
| <input type="checkbox"/> Lower Extremity | <input type="checkbox"/> Lower Extremity (Peg Hip) | <input type="checkbox"/> Lower Extremity (Bent Hip) |
| <input type="checkbox"/> Pelvic Attachment | <input type="checkbox"/> Knee Attachment | <input type="checkbox"/> Full Spine |
| <input type="checkbox"/> Cervical/Lumbar | <input type="checkbox"/> Knee Block | |

Select Absorbents:

- | | | |
|---|--|--|
| <input type="checkbox"/> Liquid Lock Powder (8oz) | <input type="checkbox"/> Liquid Lock Powder (12oz) | <input type="checkbox"/> Bulk Cavity Filler (1 lb) |
| <input type="checkbox"/> .75" x 36" Bone Inserts | <input type="checkbox"/> 1.25" x 8" Bone Inserts | <input type="checkbox"/> .75" x 15" Bone Inserts |
| ___ 3" x 10" Pads | ___ 3" x 14" Pads | ___ 3" x 37" Pads |
| ___ 10" x 10" Pads | ___ 10" x 20" Pads | ___ 10" x 36" Pads |
| <input type="checkbox"/> 3" x 10' Roll | <input type="checkbox"/> 10" x 10' Roll | <input type="checkbox"/> Trachial Insert |
| ___ 3" x 8" Cavity Inserts | ___ 3" x 12" Cavity Inserts | ___ 3" x 18" Cavity Inserts |
| <input type="checkbox"/> Cranium Ball | ___ Knee Ball | ___ 24" x 86" Barrier Sheet |
| ___ 24" x 86" Liner | <input type="checkbox"/> Sleeve | <input type="checkbox"/> Stocking |
| <input type="checkbox"/> X-Long Stocking | <input type="checkbox"/> Thigh Sleeve | <input type="checkbox"/> Poncho |

Select Artery Packs (Includes appropriate absorbents):

- | | | |
|--|---|--|
| <input type="checkbox"/> Brachial Insert | <input type="checkbox"/> Brachial Replacement | <input type="checkbox"/> Femur Replacement |
| <input type="checkbox"/> Heart (Adult) | <input type="checkbox"/> Heart (Child) | <input type="checkbox"/> Heart Sterile (Adult) |
| <input type="checkbox"/> Heart Sterile (Child) | | |

Select More Absorbents (Write Qty):

- | | | |
|------------------------------|---|------------------------------------|
| ___ Gray Pad | <input type="checkbox"/> Body Bag Liner | <input type="checkbox"/> Skin Wrap |
| ___ Cellulose Heavy Pad | ___ Cellulose Light Pad | ___ Light Floor Pad |
| ___ Heavy Floor Pad (Rubber) | ___ Skin Pad | ___ Skin Pad (Rubber) |
| ___ OR Towels 4/Pack | ___ Cotton Roll | <input type="checkbox"/> Webril |

Select Closure (Write Qty):

- | | | |
|------------------------------|-------------------------------|---------------------------|
| ___ Trocar Buttons | ___ 50' Waxed Cotton #6 | ___ 50' UnWaxed Cotton #6 |
| ___ 3" "S" Curve Needle | ___ 4" "S" Curve Needle | ___ 5" "S" Curve Needle |
| ___ Wound Strip 1/2" 6/sheet | ___ Wound Strip 1/4" 10/sheet | ___ Steri Strip S 3 7/8" |
| ___ 4" Tegaderm Roll | ___ 6" Tegaderm Roll | ___ 4" Thanoseal Roll |
| ___ Stapler (35) | ___ Adhesive Sealer Pack | |

Select More Supplies:

- | | | |
|--|---|--|
| ___ 4" Self Adherent Bandage | ___ 6" Self Adherent Bandage | <input type="checkbox"/> 2" x 20 yd Duct Tape |
| <input type="checkbox"/> Head Block | <input type="checkbox"/> Eye Drape | <input type="checkbox"/> Embalm Sleeve (Upper) |
| <input type="checkbox"/> Embalm Sleeve (Lower) | <input type="checkbox"/> Hand Sanitizer 1oz | ___ Hand Sanitizing Wipes |
| <input type="checkbox"/> Eye Prosthetic | <input type="checkbox"/> Eye Cap | |

Select PPE (Circle Size):

- | | | |
|-----------------------------|-----------------|-----------------|
| ___ Gloves (S, M, L, X, XX) | ___ Gown | ___ Boot Covers |
| ___ Surgical Cap | ___ Face Shield | ___ Face Mask |

Select Plastics (Circle Size):

- | | | |
|---|---|---------------------|
| <input type="checkbox"/> Unionall Clear (S, M, L, X, XX, XXX) | <input type="checkbox"/> Unionall Clear EZ Load (XX, XXX) | |
| <input type="checkbox"/> Unionall White (S, M, L, X, XX, XXX) | <input type="checkbox"/> Unionall White EZ Load (XX, XXX) | |
| <input type="checkbox"/> Unionall PEVA (S,M,L,X) | <input type="checkbox"/> Unionall PEVA EZ Load (XX, XXX) | |
| <input type="checkbox"/> Body Bag- Standard | <input type="checkbox"/> Body Bag- PEVA | |
| <input type="checkbox"/> Body Bag- Heavy Duty | ___ Plastic Shroud | ___ 5" Stretch Film |

Other items not listed: _____