 **Quick Start Order Form**

**Enluxtra**

 *(if same as Bill To, okay to leave blank)*

Bill To Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ship To Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, ZIP \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City, State, ZIP\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Item #** | **Description** | **Unit** | **Order** |  |
| OSAWD-5-0505 | Enluxtra, 2”x2”,self-adaptive,Humifiber wound dressing  | 10ea/bx |  |  |
| OSAWD-5-1010 | Enluxtra, 4” x 4”,self-daptive,Humifiber wound dressing  | 10ea/bx |  |  |
| OSAWD-5-1515 | Enluxtra, 6” x 6”self-adaptive,Humifiber wound dressing  | 10ea/bx |  |  |

**To place an order or for more information please call, fax, or e-mail:**

**Joseph R. Haskey**

**Account Manager / Corporate Account Division**

**Phone / fax: 412-446-1929**

**jhaskey@mercysurgical.com**