



A.T.T.S. Order Form

Innovative Med Inc. • 949-458-1897 • Fax 949-458-7316 • www.imibeauty.com

ITEM NUMBER	DESCRIPTION	PRICE	QUANTITY	TOTAL
ATTS-CS	A.T.T.S. Complete System			\$
ATTS-C2LD	A.T.T.S. Canister and Lid			\$
ATTS-C2	A.T.T.S. Canister			\$
ATTS-CLD	A.T.T.S. Canister Lid			\$
ATTS-SR126	A.T.T.S. Syringe Rack			\$
ATTS-BL	A.T.T.S. Barbed Luer			\$
ATTS-LTL	A.T.T.S. Luer Transfer			\$
ATTS-FLC	A.T.T.S. Female Cap (6/pk)			\$
ATTS-VAL	A.T.T.S. Valve for Canister			\$
ATTS-12ST	A.T.T.S. 12" Silicone Tube			\$
ATTS-MLC	A.T.T.S. Male Luer Cap			\$
ATTS-WR-V	A.T.T.S. Wrench for Valve, Stainless steel			\$
ATTS-ORL	A.T.T.S. O-Ring Replacement for Lid, pk/2			\$
ATTS-BAS	A.T.T.S. Base Assembly			\$
ATTS-VOC	A.T.T.S. O-Ring for Valve, Canister to Valve, pk/2			\$
ATTS-VOC	A.T.T.S. O-Ring for Valve, Valve to Valve, pk/2			\$
ATTS- TSB	A.T.T.S. Toomy Syringe to Barb Hub			\$
ATTS-TOC	A.T.T.S. Toomy Syringe caps			\$
ATTS-BRU	A.T.T.S. Cleaning Brush			\$
ATTS-BC	A.T.T.S. Barb Cap for Canister Lid			\$
ATTS-WR-V	A.T.T.S. Wrench for Valve, Stainless steel			\$
ATTS-PMS	A.T.T.S. Pole Mount System			\$
ATTS-VAS-M	A.T.T.S. Wall Mount System (Fits Vaso & Medela)			\$
ATTS-FTN	Facial Tissue Transfer Needle, Style 1, 16ga x 9cm luer lock hub			\$
ATTS-BTN	Body Tissue Transfer Needle, Style 1, 3mm x 23cm Toomy hub			\$
ATTS-LDV	A.T.T.S. Canister Lid vented w/ Luer caps			\$
				\$

Physician Name: _____
 Practice Name: _____

Bill To:
 Street: _____
 City: _____ State: _____
 Zip: _____ Country: _____
 Phone: _____
 Fax: _____

Ship To: Check if same as Bill To
 Street: _____
 City: _____ State: _____
 Zip: _____ Country: _____
 Phone: _____
 Fax: _____

To place an order, Fax this order form to 949-458-7316 or Call 949-458-1897 to place your order.

Shipping Instructions:
 (unless specified order will ship FedEx Ground)

- FedEx Ground
- FedEx Standard Overnight
- FedEx 2 Day
- FedEx Express Saver (3 day)

Note: Shipping charges and sales tax (8.75% for California residents) will be added to order.

Credit Card: Visa MasterCard Amex
 CC #: _____
 Exp. Date: _____ Sec Code: _____

I agree to the purchase of these items, have my credit card charged for the amount of the products plus shipping and any applicable sales tax. I have read the terms & conditions page of IMI, including the return policy. I understand and agree with the policies of Innovative Med

Print Name: _____ Signature: _____