



480.414.4697 (Direct) 480.275.2864 (Fax) www.teslamedica.com

P.O. NUMBER:				

ITEM NUMBER	DESCRIPTION	QUANTITY	TOTAL

laxes and shipping charges will be applied to all orders accordingly.	
Please specify: ground or overnight shipping (check appropriate b	ox)

Fax order to 480.275.2864 or email to sales@teslamedica.com

Surgery Center	Customer Number
Billing Address	Shipping Address
	□Same as Billing Address
First Name	First Name
Last Name	
Street Address	
Suite/Floor	Suite/Floor
City	City
State/Province	State/Province
Zip/Postal Code	Zip/Postal Code
Phone	
Fax	
Payment Information	
□Check	
□Charge to my credit card on file	
□Charge to my Tesla Medical acct	
☐Charge to my credit card below:	
Card Number:	Exp. Date: Security Code:
Cardholder Signature:	
Zip Code on Card:	