

Design Options® Tubing Sample and Price Quote Form

Complete this entire form including tubing lengths, bonding preferences, etc., and fax to 610-849-5461.
OR Complete the top portion with an unused sample of your set in unopened or original packaging including labeling and mail to: B. Braun Medical Inc., Attn: Brian Waselus, 824 12th Ave., Bethlehem, PA 18018

Facility Name _____

Address/City/State/Zip _____

Customer Name _____

Phone Number/Ext. _____

Title _____

Department _____

Please refer to package label and record the manufacturer name, part number, and price (if known) on the lines provided.

Current Set Reorder Numbers

Annual Units

Target Set Price

_____	_____	_____
_____	_____	_____
_____	_____	_____

Please refer to the Design Options Component Guide for a list of available components. Mark tubing with an "X" where you would like to include a component, and be sure to clearly label component names, bonding preferences, and tubing lengths.

Example	OVERALL SET LENGTH? _____ inches
<p>10, 15, 60 Drop?</p> <p>Length?</p> <p>Type of Valve?</p> <p>Length?</p> <p>Bond?</p> <p>Stopcock type?</p> <p>Length?</p> <p>Length?</p>	