

DHG SPECIALTIES

23 Beech Crest Lane Wellsburg, WV 26070 TELE# 1-800-725-5279 FAX# 1-304-737-3764

BIOPSY GUIDE ORDER FORM

11/21

SHIPPING ADDRESS

BILLING ADDRESS

Name: _____
 Facility: _____
 Street: _____
 City: _____ ST _____ ZIP _____
 Tele# _____ Fax# _____

Please see web-site to confirm what manufacturer and probe the listed guide fits. If what you need is not listed please call or email us with your manufacturer, system model and probe model and we will confirm which guide is required.

QUANTITY	STOCK#	DESCRIPTION/Probes	COST/UNIT	TOTAL
Bx	5146	Biopsy Guide Medison, Alpinion, Prosonic, Philips, Ultrasonix, (24/bx)w Latex cover Protek	\$380.00	
Bx	5147	Biopsy Guide Esaote, GE, Philips, Siemens, Samsung Medison, Pie Medical, Tereson (24/bx) w Latex cover Protek	\$380.00	
Bx	9001	Biopsy Guide Mindray, International Biomedical, Chison, Kretz, Samsung Medison, Esaote, Siemens, Supersonic Imaging, Tereson, Vermon, Zonare (24/bx) w Latex cover Protek	\$380.00	
Bx	5532	Biopsy Guide Toshiba, Siemens EC9-4, (24/bx) w Latex cover Protek,	\$380.00	
Bx	5381	Biopsy Guide Hitachi, Sonoscape (24/bx) w Latex cover Protek	\$380.00	
Bx	5252	Biopsy Guide Alpinion, B&K Medical, Carestream, Hitachi Aloka, Philips, Samsung Medison (24/bx) w Latex cover Protek	\$380.00	
Bx	5156	Biopsy Guide Samsung Medison, Siemens, Philips (24/bx) w Latex cover Protek	\$380.00	
Bx	5071	Biopsy Guide GE, Mindray, Samsung Med (24/bx) w Latex cover Protek	\$380.00	
Bx	5056	Biopsy Guide GE, Samsung Medison (24/bx) w Latex cover Protek	\$380.00	
Bx	5014	Biopsy Guide GE (24/bx) w Latex cover Protek	\$380.00	
Bx	5046	Biopsy Guide GE (24/bx) w Latex cover Protek	\$380.00	
Bx	5552	Biopsy Guide Toshiba (24/bx) w Latex cover Protek	\$380.00	
Bx	5049	Biopsy Guide Shimadzu EC11R (24/bx) no covers Protek	\$330.00	
Bx	5045	Biopsy Guide Shimadzu TV11R (24/bx) no covers Protek	\$299.00	

SUB-TOTAL.....

PLUS SHIPPING, HANDLING & APPLICABLE TAX in MD
NEW AND USED ULTRASOUND SYSTEMS AVAILABLE....WE TAKE TRADE INS
F.O.B.: Wellsburg, WV **NOTE:** Please remit applicable sales tax directly to your state. Terms: NET 30

Purchaser's Signature _____ Date _____
OR: CREDIT CARD # _____ **EXP DATE:** _____
CIRCLE ONE-VISA/MASTERCARD

FAX TO 1-304-737-3764
EMAIL: DHGSUPPLIESWV@AOL.COM
Visit us at: WWW.DHGSPECIALTIES.COM and WWW.DHGSONOMED.COM