



Sample Request

Thank you for your interest in BiPAD! Please use this form to receive a fully functional version of BiPAD that CANNOT be used in surgery. Please send completed forms to Sample.Request@bipadsurgical.com

DATE: _____

Surgeon/Hospital Contact Information:

Sample will be shipped to the facility address unless otherwise noted in the comment box below.

Surgeon Name:	Title: MD, RN, NP, PA
Email Address:	Phone:
Facility Name	Best Time to Call:
Facility Address:	City, State, Zip:

Administrative Assistant Contact Information

Admin Name:	Admin Phone:
Admin Email Address:	Best Time to Call

Generator Information

<input type="checkbox"/> Codman/Malis	Type/Model:
<input type="checkbox"/> Medtronic/Valleylab	Type/Model:
<input type="checkbox"/> Other: _____	Type:/Model:

- I understand the sample provided is not for human use in surgery.
- I want to subscribe to the BiPAD Surgical newsletter

Comments/Questions:

Signature

Date