



PRICE LIST\*\*

7.5MM ROCHESTER BONE BIOPSY™ TREPHINE INSTRUMENTATION

<u>Part Number</u>	<u>Description</u>	<u>Price</u>
TR87401-000	Complete Kit Contains: Trepine Cutter Assm	\$ 1235
TR87410-000	Pointed Obturator	\$ 330
*TR87420-000	Guide Sleeve	\$ 475
TR87440-000	Extractor	\$ 250
<b>TR87400-000</b>	<b>COMPLETE KIT: Bone Biopsy Trepine</b>	<b>\$2290</b>

A Surgical Drill Drive Adapter, Hand Ratchet and a Hand Ratchet Adapter are also available – Sold Separately. See Below.

**TR87450-000 Surgical Drill Drive Adapter \$ 200**

**TR87460-000 Electrical Drill \$ 475**  
 Battery operated with US 120V AC/DC charger



**TR87470-000 Hand Ratchet Driver Includes: \$ 510**  
 TR87471-000 Hand Ratchet Drive Adapter



**TR87400-REC Rochester Bone Biopsy Trepine Reconditioning Service**  
 Cutter only \$ 310  
 Entire Kit \$ 375



**\*TR87421-000 Provide Teeth on Guide Sleeve \$ 175**

15MM ROCHESTER BONE HARVEST™ TREPHINE INSTRUMENTATION ALSO AVAILABLE  
 Call for current pricing and availability.

\*\*Shipping and handling charges apply. Shipping prices vary upon location and timing. Sales taxes may apply. International orders are subject to prepayment. Prices subject to change without notice.

To Order: Complete Order Form found at:

<http://www.medicalinnovations.com/Collateral/Bone%20Biopsy%20Order%20Form%20PDF.pdf>

OR call 1-507-289-0761 or Fax 1-507-281-9096 or e-mail [edandersen@miiq.com](mailto:edandersen@miiq.com)

V9-02c

Medical Innovations International Inc.  
 6256 34<sup>th</sup> Avenue NW, Rochester MN, 55901  
 Medicalinnovations.com



Order Form

1-507-289-0761
6256 34th Avenue NW, Rochester MN, 55901

Date: \_\_\_\_\_

Purchase Order Number: # \_\_\_\_\_

Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Billing Address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ Country \_\_\_\_\_

Zip or Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Shipping Address (if different from Billing Address):

\_\_\_\_\_

City: \_\_\_\_\_ Country \_\_\_\_\_

Zip or Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_

e-mail: (for order confirmation) \_\_\_\_\_

Fax: \_\_\_\_\_

Table with 4 columns: PART NUMBER, QUANTITY, DESCRIPTION, AMOUNT. Includes multiple rows for item entry.

Handling Charge (call or e-mail for quote edandersen@miiq.com) \_\_\_\_\_

Shipping & Customs (provide account # or call for quote) \_\_\_\_\_

TOTAL ORDER \$ \_\_\_\_\_

\_\_\_\_\_ Check enclosed, drawn on an account denominated in \$ US Dollars, Check # \_\_\_\_\_

\_\_\_\_\_ Credit Card # \_\_\_\_\_ Exp. \_\_\_\_\_

Signature: \_\_\_\_\_