



Account Number: _____

Sales Rep.: _____

Sub Rep.: _____

Sleep Lab Interface Program

Program Guidelines

1. Masks may be purchased at a special sleep lab rate
2. Please complete the form to indicate what the size, type and quantity of mask.
3. Email to Clinical Director at agiudice@3BProducts.com or fax to 863-226-6284
4. All orders will ship ground

Lab Information

Facility Name: _____ Contact Name: _____

Address: _____

City: _____ State _____ Zip _____

Email address: _____

Phone number: _____ Number of Beds: _____

Lab Sample Product Ordering

MASK	PART #	SIZE	QUANTITY	PRICE	TOTAL
Viva Nasal Mask	VI1001	SMALL	_____	\$12.00	\$_____
	VI100	MEDIUM	_____	\$12.00	\$_____
	VI1003	LARGE	_____	\$12.00	\$_____
Elara Full Face Mask	EA1001	SMALL	_____	\$15.00	\$_____
	EA1002	MEDIUM	_____	\$15.00	\$_____
	EA1003	LARGE	_____	\$15.00	\$_____
Numa Full Face Mask	NU1001	SMALL	_____	\$15.00	\$_____
	NU1002	MEDIUM	_____	\$15.00	\$_____
	NU1003	LARGE	_____	\$15.00	\$_____
Rio II Nasal Pillow All Size Kit	ROII1000	ALL SIZES	_____	\$17.00	\$_____

Lab Sample Product Ordering

MASK	PART #	SIZE	QUANTITY	PRICE	TOTAL
Disposable Non-vented F2 Full Face	F2N1001	SMALL	_____	\$12.00	\$_____
	F2N1002	MEDIUM	_____	\$12.00	\$_____
	F2N1003	LARGE	_____	\$12.00	\$_____
Siesta Full Face Mask	SFF1001	SMALL	_____	\$19.00	\$_____
	SFF1002	MEDIUM	_____	\$19.00	\$_____
	SFF1003	LARGE	_____	\$19.00	\$_____
Siesta Nasal Mask	SNM1001	SMALL	_____	\$17.00	\$_____
	SNM1002	MEDIUM	_____	\$17.00	\$_____
	SNM1003	LARGE	_____	\$17.00	\$_____

Comments

Customer Acknowledges and agrees that all products purchased through the 3B Lab Mask Program are exclusively for **sleep lab titration purposes** and may not be resold or billed to any third-party payer, including Medicare, Medicaid or any other insurer.