

STATDDS Products	List Price	Quantity	Total
INJECTABLES			
RADIESSE® Filler - 1.5cc / 27g – 2 syringe pack Includes 2 Radiesse 1.5cc syringes & Accessory Kit for mixing lidocaine	\$765.00		
RADIESSE® (+ Lidocaine) Filler - 1.5cc / 27g – 2 syringe pack Includes 2 Radiesse + 1.5cc syringes	\$765.00		
XEOMIN® (incobotulinumtoxinA) 100-U Vials	\$511.00		
XEOMIN® (incobotulinumtoxinA) 50-U Vials	\$268.00		
Belotero Balance+® (Lidocaine) Dermal Filler – 1.0cc Syringe	\$329.00		
Revanesse® Versa+ (Lidocaine) Dermal Filler – 1.2 mL – 2 syringe pack	\$510.00		
Revanesse® Lips+ (Lidocaine) Dermal Filler – 1.2 mL – 2 syringe pack (30G Needle)	\$510.00		
Facial Injectables Starter Kit - 100 Comfortox syringes .5cc 31 Gauge 8mm, 100 Comfortox syringes 3ML 22 Gauge (Reconstitution), 2 Cloth Backed 4" Ice Packs, Arnicare Tabs 30C, 2 BLT strips	\$65.95		
COMFORTOX PRODUCTS			
Comfortox .5 CC 31 Gauge X 8 MM - Includes 100 Syringes for Esthetic Injections	\$37.97		
Comfortox .3 CC 31 Gauge X 8 MM - Includes 100 Syringes for Esthetic Injections	\$37.97		
Comfortox 3ml/cc 22 Gauge 1" - Includes 100 Syringes for Reconstitution and Trigger Points	\$21.97		
Comfortox Sterile Syringe 29G 8mm (100/box) 0.5cc/ml	\$37.97		
Comfortox Sterile Syringe 30G 8mm (100/box) 0.3cc/ml	\$37.97		
Comfortox Sterile Syringe 30G 13mm (100/box) 0.5cc/ml	\$37.97		
Comfortox Cannula (25/box) □22Gx75MM □22Gx50MM □25Gx40MM □25Gx50MM □25Gx75MM □27Gx25MM □27Gx40MM □30Gx25MM	\$99.00		
Comfortox Vibe	\$19.95		
Comfortox Decapper	\$25.00 each 3/\$50.00		
Comfortox Lips - Post Injection Lip Care (Includes Lip Restore Serum and Lip Restore Balm)	□ 10 Kits \$30.00/Kit □ 20 Kits \$25.00/Kit		□ 30 Kits \$20.00/Kit
Comfortox Restore - After Care For Injectables, Energy Based Treatments and Microneedling	□ 5 Kits \$55.00/Kit	□ 10 Kits \$50.00/Kit	□ 15 Kits \$45.00/Kit
Comfortox Remove	\$249.00		
Comfortox BLT – Benzocaine, Lidocaine, Tetracaine – 1 Box (30 Strips .05 B, .07 L, .05 T)	\$155.00		
INJECTION COMFORT/SYRINGES			
ET Insulin Syringe 30G x 5/16 0.3 ML/100 in a box	\$34.97		
ET Insulin Syringe 30G x 5/16 0.5 ML/100 in a box	\$34.97		
Introducer Needle for Dermal Fillers – 25G x 1 (100 per box)	\$19.95		
BD Precision Glide Needle 27G x 1 1/4 (100 per box)	\$27.50		
BD Needle 18G x 1 (100 per box)	\$24.95		
Bacteriostatic .9% Saline Case of 25x10mL vials *limit to 1 case per month	\$149.95		
Bacteriostatic .9% Saline 10mL vial *Minimum purchase of 2 vials *Seperate shipping of \$12.95 will apply	\$8.95		
Cloth Back Reusable 4" Ice Pack	\$5.00		
Esthetic Prep Kit - Contains 20 Prep Trays, 100 Alcohol Wipes, 200pc Gauze, and 3 Facial Marking Pens.	\$22.00		
Disposable Instrument Trays X-Small /50pc in a pack	\$22.97		
Disposable instrument Trays Small / 50pc in a pack	\$27.97		
Arnica 30C Tablets - Reduces pain, swelling and discoloration from bruises	\$14.99		

Lidocaine 1% - case of 10 – 5ml each	\$90.00		
Ethyl Chloride	\$65.00		
Hylenex 150 Units/mL - 4 pack (requires refrigerated overnight shipping)	\$400.00		
Arnica Gel, 45g	\$10.00		
EXOSOMES			
EMA Pure – Exosome Regenerating Solution/box 5ml 5 vials	\$699.00		
COCKTAILS			
EMA Skin lift- Multi peptide Lifting Solution/ box 5ml 5 vials	\$215.00		
EMA Skin renew-Skin Solution /box 5ml 5 vials	\$180.00		
EMA Glutathione + B3 -Brightening Solution/ box 5ml 5vials	\$155.00		
Ema Pure Elixir Face Serum	\$99.97		
Ema Pure Elixir Face Moisturizer	\$99.97		
Advanced Components			
EMA HA 3.5 – Dual Hydrating Solution/ box 5ml 5 vials	\$145.00		
STATDDS MEDICAL EMERGENCY KITS	Adult Kit (Adult Epipen)	Pediatric Kit (Pediatric Epipen)	Adult & Pediatric Kit (Adult & Ped Epipen)
Platinum Kit	<input type="checkbox"/> \$599.00	<input type="checkbox"/> \$599.00	<input type="checkbox"/> \$1,028.00
			<input type="checkbox"/> \$999.00

*Standard shipping 3-5 business days. If needed sooner, please call for availability. *Prices subject to change.

Subtotal: _____

Standard Shipping: **\$19.95**

Total: _____

Date: _____

Practice Name: _____

Doctor's Name: _____

Office Address: **(Please note: Orders cannot be shipped to a residential address.)**

City _____ State _____ Zip _____

Office Phone Number _____ Email address _____

Cardholder Name _____ Card Number: _____

Expiration Date: _____ Security Code: _____ Billing Zip: _____

Signature _____