



Synovetin OA® Order Form

Page 1 to be Completed by the Clinic

Reset Entire Form

Content - R20210504
 Page 1 - Clinic Information about the Dogs to be Treated.
 Page 2 - Terms and Conditions.
 Pages 3 - 9 - Information used for Manufacturing.

Ship to Address: (All Fields are Required) Reset Address Fields

Facility Name: _____
 Street Address: _____ City: _____
 Contact Name: _____ County: _____
 Email: _____ State: _____ Zip Code: _____
 Order Date: _____ Phone: _____

Order date must be 14 days before any of the injection dates listed below.

Dog 1 Dosage and Data: Reset Dog 1 Data Referring Veterinarian:

Injection Date: _____ Dog's Name/Family Name: _____ Breed: _____ Dog's Age: _____
 Dog's Weight: _____ lbs Dog's Gender: _____ Number of Elbows Injected: _____ Dosage/Elbow: _____ mCi

Dog 2 Dosage and Data: Reset Dog 2 Data Referring Veterinarian:

Injection Date: _____ Dog's Name/Family Name: _____ Breed: _____ Dog's Age: _____
 Dog's Weight: _____ lbs Dog's Gender: _____ Number of Elbows Injected: _____ Dosage/Elbow: _____ mCi

Dog 3 Dosage and Data: Reset Dog 3 Data Referring Veterinarian:

Injection Date: _____ Dog's Name/Family Name: _____ Breed: _____ Dog's Age: _____
 Dog's Weight: _____ lbs Dog's Gender: _____ Number of Elbows Injected: _____ Dosage/Elbow: _____ mCi

Dog 4 Dosage and Data: Reset Dog 4 Data Referring Veterinarian:

Injection Date: _____ Dog's Name/Family Name: _____ Breed: _____ Dog's Age: _____
 Dog's Weight: _____ lbs Dog's Gender: _____ Number of Elbows Injected: _____ Dosage/Elbow: _____ mCi

Dog 5 Dosage and Data: Reset Dog 5 Data Referring Veterinarian:

Injection Date: _____ Dog's Name/Family Name: _____ Breed: _____ Dog's Age: _____
 Dog's Weight: _____ lbs Dog's Gender: _____ Number of Elbows Injected: _____ Dosage/Elbow: _____ mCi

Dog 6 Dosage and Data: Reset Dog 6 Data Referring Veterinarian:

Injection Date: _____ Dog's Name/Family Name: _____ Breed: _____ Dog's Age: _____
 Dog's Weight: _____ lbs Dog's Gender: _____ Number of Elbows Injected: _____ Dosage/Elbow: _____ mCi

Once the order form is completed:

- 1. Save the Order Form to your local drive.**
- 2. Open a new email and attach the order form with Page 1 completed.**
- 3. Email the order form to the following email address:**

SynovetinOAorder@exubrion.com

Dog Weight (lbs.)	Synovetin OA® Dose (mCi) / Elbow Joint
10 - 19 lbs.	0.6
20 - 29 lbs.	0.9
30 - 39 lbs.	1.2
40 - 49 lbs.	1.5
50 - 59 lbs.	1.7
60 - 69 lbs.	1.9
70 - 79 lbs.	2.2
80 - 89 lbs.	2.4
90 - 99 lbs.	2.6
100 - 109 lbs.	2.8
110 lbs. and over	3.0

Exubrion Therapeutics®
 5203 Bristol Industrial Way
 Buford, Ga 30518
 770-831-5243
 www.synovetin.com



Synovetin OA® Order Form

Exubrion Therapeutics®

ORDER SUBJECT TO THE ATTACHED TERMS AND CONDITIONS

TERMS AND CONDITIONS

- 1) Documentation for all necessary and appropriate radioactive material licensing must be provided to Exubrion prior to order acceptance.
- 2) Each unit of Synovetin OA® is prepared pursuant to a prescription for a specific patient. To allow fulfillment of the order as requested, orders must be placed at least two weeks prior to the expected injection date. Orders placed less than two weeks before the injection date **will not be accepted.**
- 3) All orders are subject to acceptance by Exubrion. Synovetin OA is a custom made order specific to your requirements, therefore no refunds or returns are accepted.
- 4) Pricing is in U.S. dollars, based on quantity ordered, plus shipping, and applicable taxes.
- 5) Payment is required with the order by credit card, debit card or electronic payment.
- 6) Shipping is FOB manufacturer's loading dock and title and risk of loss passes to Buyer when the products are made available there to the carrier. Product that cannot be used should be disposed of appropriately as outlined in your Authorized User's procedures.
- 7) Exubrion Therapeutics®
Headquarters Address:
5203 Bristol Industrial Way
Buford, Georgia 30518
- 8) Customer Service Phone:
770-831-5243
- 9) The parties to this Order shall be governed by the laws of the State of Georgia, USA, without regard to its conflicts of laws principles. The parties agree that any dispute arising out of this order shall be exclusively decided by a Georgia state or federal court, as has subject matter jurisdiction.
- 10) Exubrion hereby warrants that each product conforms to its specifications. Buyer's sole remedy for any breach of this warranty is replacement of the nonconforming products. EXCEPT FOR THE FOREGOING WARRANTIES, EXUBRION MAKES NO OTHER WARRANTIES EXPRESSED OR IMPLIED TO BUYER OR ANY CUSTOMERS OF BUYER. EXUBRION EXPRESSLY DISCLAIMS ANY IMPLIED WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE OR NONINFRINGEMENT TO BUYER AND ANY CUSTOMERS OF BUYER.

Synovetin OA® Order Form

Ship Dose to:

Facility Name: _____
 Street Address: _____
 City & State: _____
 Contact Name: _____
 Contact Phone: _____
 Email Address: _____

Dosages and Data:

Order Date: _____
 Injection Date: _____
 Weight of Dog: _____ pounds
 Dosage per elbow: _____ mCi
 Number of elbows injected: _____
 Dog name: _____

Dog Weight (lbs.)	Synovetin OA® Dose (mCi) / Elbow Joint
10 – 19 lbs.	0.6
20 - 29 lbs.	0.9
30 - 39 lbs.	1.2
40 - 49 lbs.	1.5
50 - 59 lbs.	1.7
60 - 69 lbs.	1.9
70 - 79 lbs.	2.2
80 - 89 lbs.	2.4
90 - 99 lbs.	2.6
100 - 109 lbs.	2.8
110 + lbs. and over	3.0

Please Email Orders to:

Anita Jarrard ajarrard@exubrion.com

Internal Use Only:

Injection Date: _____
 Dosage in Vial: _____ mCi

Synovetin OA® Order Form

Ship Dose to:

Facility Name: _____
 Street Address: _____
 City & State: _____
 Contact Name: _____
 Contact Phone: _____
 Email Address: _____

Dosages and Data:

Order Date: _____
 Injection Date: _____
 Weight of Dog: _____ pounds
 Dosage per elbow: _____ mCi
 Number of elbows injected: _____
 Dog name: _____

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100 - 109 lbs.	2.8
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ajarrard@exubrion.com

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 Dosage in Vial: _____ mCi

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 Contact Phone: _____
 Email Address: _____

Dosages and Data:

Order Date: _____
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 Street Address: _____
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 Contact Phone: _____
 Email Address: _____

Dosages and Data:

Order Date: _____
 Injection Date: _____
 Weight of Dog: _____ pounds
 Dosage per elbow: _____ mCi
 Number of elbows injected: _____
 Dog name: _____

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 Dosage in Vial: _____ mCi

Synovetin OA® Order Form

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Facility Name: _____
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 City & State: _____
 Contact Name: _____
 Contact Phone: _____
 Email Address: _____

Dosages and Data:

Order Date: _____
 Injection Date: _____
 Weight of Dog: _____ pounds
 Dosage per elbow: _____ mCi
 Number of elbows injected: _____
 Dog name: _____

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Anita Jarrard

ajarrard@exubrion.com

Internal Use Only:

Injection Date: _____
 Dosage in Vial: _____ mCi

(To be completed by Exubrion)

Dog 1 Data: The delivery date is to be 2 business days before the injection date.

Order #:	Injection Date:	Ship Date:
Name:	Dosage in Vial: mCi	Anticipated Delivery Date:

Dog 2 Data:

Order #:	Injection Date:	Ship Date:
Name:	Dosage in Vial: mCi	Anticipated Delivery Date:

Dog 3 Data:

Order #:	Injection Date:	Ship Date:
Name:	Dosage in Vial: mCi	Anticipated Delivery Date:

Dog 4 Data:

Order #:	Injection Date:	Ship Date:
Name:	Dosage in Vial: mCi	Anticipated Delivery Date:

Dog 5 Data:

Order #:	Injection Date:	Ship Date:
Name:	Dosage in Vial: mCi	Anticipated Delivery Date:

Dog 6 Data:

Order #:	Injection Date:	Ship Date:
Name:	Dosage in Vial: mCi	Anticipated Delivery Date:

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10 - 19 lbs.	0.6
20 - 29 lbs.	0.9
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40 - 49 lbs.	1.5
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