



Savings Analysis Form & Contact Information

(To Qualify: must have a surgery suite or surgery center)

Practice Name: _____
 Practice Address: _____
 City: _____ ST: _____ Zip: _____
 Practice Phone: _____ Fax: _____

Doctor's Name: _____
REQUIRED Doctor's Direct Email: _____
 Doctor's Phone: _____

Office Contact Name: _____ Position: _____
 Office Contact Email: _____
 Office Contact Phone: _____

REQUIRED Details: # Physicians in Practice: _____
 Estimated Annual Supplies/Inventory Expense?: _____
 Do you have a Surgery Center or In Office Surgery Suite(s)?: _____
 Who do you currently order your supplies from?: _____
 Do you participate in a GPO or Buying Group?: _____; if yes, GPO? _____

15 Items you use most regularly (i.e., Medical/Surgical, Sutures, and General Supplies) :

Description	Manufacturer	Manufacturer Product #	Unit of Measure	Current Price
1. Suture				
2. Suture				
3. Suture				
4. Suture				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				

Pipeline Medical works diligently to obtain cost-savings for its clients. Both your Practice & Pipeline Medical and their mutual agents, employees and representatives agree that all information furnished by one to the other is CONFIDENTIAL and shall not be disclosed to anyone else nor used for any purpose other than to have Pipeline Medical portray such cost-savings.

Please send to Freddy Kalles - Email to: freddy.kalles@pipelinemedical.com or Fax to: 855-258-9986

Practice Name Printed: _____ Title: _____
 Practice Signature: _____ Date: _____

Pipeline Medical: _____ Date: _____
 31 River Road | Highland Park, NJ 08904 | Ph: 732-846-1169 | Fax: 732-862-1169