

[Home](#)[Kumar Cholangiography®](#)[Prevent CBD Injury](#)[Kumar T-ANCHORS*®](#)[Orders - Trials - Samples](#)

FREE TRIAL REQUEST FORM

Kumar Cholangiography®

All Fields are Mandatory except PO Number

This is a FREE 30 Day trial

The Trial Pack will include:

1. Choose One:

a. Kumar Clamp® KC-002 (Standard Length)

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or

b. Kumar Clamp® for SILS and Bariatrics KC-2XL (Extra Long)

☐

2. Three Free Kumar Cholangiography Catheters®: Sterile and for Single Patient Use

3. A Procedure DVD

4. Instructions for Use, Sterilization and Cleaning of the Re-Usable Kumar Clamp®

A. Contact information:

1. Hospital Name

2. Name of Surgeon

3. Your Name

4. Your Contact

5. PO NUMBER

B. Billing Address

Name

Address

City

State

Zip

C. Shipping Address: Same As Above

☐

Name

Address

City

State

Zip

THIS FORM MUST HAVE YOUR SIGNATURE

PLEASE COMPLETE AND PRINT THIS FORM, SIGN AND FAX TO 615-382-4199

Or Scan and Email to: Orders@nashvilleSurg.com

WE CANNOT SEND THE TRIAL TO YOU WITHOUT YOUR SIGNATURE

Signature: _____ Date: _____

For Company Use Only

Approver	Fax date	Ship date	Purchase PO/ Date	Initials
Return Date	Cleaned (STD-0200)	Test Pass: Return to Inventor	Test Fail: Refer To Manager	Date & Initials
Request By:	Hosp	Surgeon	Call OR	

Phone: 615-382-4996

*Patent and ®Registered Trademark

NASHVILLE SURGICAL INSTRUMENTS

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Contact Us