To: Medtronic  BILL ONLY

<table>
<thead>
<tr>
<th>P.O. DATE</th>
<th>Charge Acct</th>
<th>SURGERY DATE</th>
<th>SURGEON</th>
<th>Patient Name / No.</th>
<th>Surgical Procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>QTY</th>
<th>DESCRIPTION &amp; CATALOG NUMBER</th>
<th>UNIT PRICE</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ground</th>
<th>2nd Day</th>
<th>Overnight</th>
<th>SHIPPING &amp; HANDLING</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>SUBTOTAL</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>SALES TAX RATE</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>SALES TAX</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>TOTAL DUE</td>
</tr>
</tbody>
</table>

Authorized Signature

Authorized Signature