

TRABECTOME®

micro-surgical management of adult & infantile glaucoma

Product Catalog



NeoMedix
Precision Medical Products by Design

NeoMedix Corporation, 15042 Parkway Loop, Suite A, Tustin, CA 92780, USA Telephone : (714) 258-8355 Fax: (714) 258-8356

Capital Equipment (re-usables)

Catalog No.	Item
600026	Trabectome System Includes: 1- I/A Console 1- HF Generator/LP 1- Roller Stand with Tray 1- Footswitch 1- Activation Cable 2- Power Cords 1- AC Adapter
600009	1- Trabectome Goniolens "L" (for right handed surgeons)
600010	1- Trabectome Goniolens "R" (for left handed surgeons)



Trabectome System



Trabectome Goniolens "L"



Trabectome Goniolens "R"

How To Order

- To place an order, please fax completed Order Form together with a copy of original PO to **(714) 258-8356**.
- For assistance please call (714) 258-8355 to speak to one of our sales representatives.

Procedure Pack

Catalog No.	Item
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600018

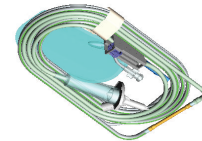
Procedure Pack

Includes:

- 1- Handpiece
- 1- Fluidics
- 1- Drape
- 1- Knife
- 1 - Cannula
- 1- IFU



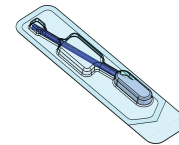
Handpiece



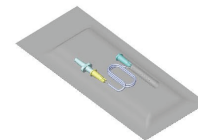
Fluidics



Drape



Knife



Cannula



IFU (Instructions For Use)

How To Order

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How To Order

- Please **FAX** signed order form with a copy of original PO to **(714) 258-8356**.
- For assistance please call (714) 258-8355 to speak to one of our sales representatives.

Captial Equipment

<input checked="" type="checkbox"/> place order	Catalog Number	Item	Quantity
<input type="checkbox"/>	600026	Trabectome System	_____
<input type="checkbox"/>	600009	Trabectome Goniolens "L" <i>(for RIGHT handed surgeon)</i>	_____
<input type="checkbox"/>	600010	Trabectome Goniolens "R" <i>(for LEFT handed surgeon)</i>	_____

Single Use Items

please circle
(Available in multiples of 5 packs only)

<input type="checkbox"/>	600018	Procedure Pack	5 10 15 20 ____
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Support Media

You can order promotional support items such as wall art, information for patients, tri-fold pamphlets, and brochures which are available to use in your doctor's office and clinical facility. Please contact Neomedix Sales for more information.

Purchasing Information

Contact Name : _____

PO # : _____

Organization : _____

Address : _____

City, State, Zip : _____

Phone Number : _____

Fax Number : _____

Date : / / Signature

FAX Order
(714) 258-8356

Thank you for your order.

*Please note all orders must include
 a faxed copy of original PO.*