

New User Special Offer

BUY ONE, GET ONE FREE

1. Purchase a single pack or twin pack CryOmega
2. Complete the form below
3. Submit completed form and copy of invoice number to ken.nitroy@cryoconcepts.com
4. Receive a CryOmega (Single Pack) device, from CryoConcepts.

1. First/Last Name

2. Practice Name

3. Mailing Address

4. Email Address

5. Cell Phone Number

6. Invoice Number



CryOmega Part Numbers

**160-2003
CryOmega Single Pack**

**160-2002
CryOmega Twin Pack**

*Form must be submitted within 30 days of delivery of CryOmega **Valid 01/01/26 - 03/31/26

**Promotion available to new customer or new location



704-561-0004



AtlanticMedicalSolutions.com