

## 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](mailto: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**