



MESOTHERAPY WORLDWIDE

MESOTHERAPY MEDICATIONS - FROM AROUND THE GLOBE

INSTITUTE BCN - 2013 PRICE LIST

INSTITUTE BCN	Strength/Size	Price - Box 10 amps	Price - Box 100 amps	Order Qty	Price Total
Amino Acids	2ml	\$39.00	\$325.00		
Argireline (plus Leopasyl)	5% - 2ml	\$38.00	\$319.00		
Artichoke Extract	2% - 5ml	\$24.00	\$147.00		
Asian Centella	2ml	\$22.20	\$140.00		
Biotin	1% - 2ml	\$27.00	\$240.00		
Caffeine	20% - 2ml	\$24.00	\$195.00		
Dexpanthenol	20% - 5ml	\$28.00	\$240.00		
DMAE	3% - 5ml	\$33.00	\$295.00		
DNA Liquid	2ml	\$33.90	\$279.00		
Gingko Biloba	5ml	\$29.00	\$249.00		
Glutathione - 600mg	5ml	\$140.00	\$1050.00		
Glutathione	2% - 5ml	\$98.00	\$700.00		
Glycolic Acid	1% - 2ml	\$28.00	\$250.00		
Hyaluronic Acid (Liquid)	1% - 2ml	\$98.00	\$690.00		
Hyaluronic Acid (Gel)	2% - 3ml	\$219.00	\$1950.00		
Hyaluronic Acid (Gel)	3.5% - 5ml	\$289.00	\$2300.00		
L-Carnitine	20% - 5ml	\$31.00	\$274.00		
Organic Silicea (conjonctyl)	0.5% - 5ml	\$24.00	\$199.00		
Organic Silicea + DMAE	0.5%, 3% - 5ml	\$36.00	\$315.00		
Phosphatidylcholine	50mg/ml - 5ml	\$51.00	\$448.00		
Polyvitamins	2ml	\$29.00	\$265.00		
Rutin & Melilot Extract	2ml	\$23.00	\$175.00		
Sodium Pyruvate	1% - 2ml	\$24.00	\$195.00		
Trace Elements	2ml	\$25.00	\$239.00		
Vitamin A	100000 U.I - 2ml	\$29.60	\$265.00		
Vitamin C	20% - 5ml	\$29.00	\$255.00		
X ADN Gel	2.5ml	\$197.00	\$1560.00		
LIPODISSOLVE KIT - PPC, L-Carnitine, Vit C, Aminophylline & Lido		1 KIT	\$175.00		
BCN ADIPO	5ml x 5 vials	1 BOX	\$65.00		
BCN ADIPO FORTE	10ml x 5 vials	1 BOX	\$85.00		
BCN SCALP	5ml x 5 vials	1 BOX	\$69.00		
BCN BASE	3ml x 5 vials	1 BOX	\$83.00		
BCN ECQ10	3ml x 5 vials	1 BOX	\$69.00		
BCN MELANO	5ml x 5 vials	1 BOX	\$89.00		
MesoAge - Hyaluronic Treatment	Serum	40ml	\$53.00		
MesoCell - Adipo Treatment	Gel	120ml	\$52.30		
MesoVita - Vitamin Treatment	Cream	40ml	\$49.10		
MesoBlanche - Melano Treatment	Cream	40ml	\$49.20		
				DELIVERY	
ALL PRICES ARE IN US DOLLAR				TOTAL USD	

Please return this order form by fax to: +61 2 8569 0915 or orders@mesotherapyworldwide.com

Physician: _____ Clinic: _____

Delivery Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Phone: _____ Fax: _____ Email: _____

METHOD OF PAYMENT DETAILS:

CREDIT CARD:   Signature: _____

Card Number: ____ / ____ / ____ / ____ Expiry Date: __ / __ CCV ____