



MESOTHERAPY WORLDWIDE

MESOAGE MEDICATIONS - 2012 PRICE LIST

MESOAGE	Strength	Size	Price	Qty	Total
Collagenase	50IU/ml	10ml	\$47.00		
Collagenase	50IU/ml	30ml	\$99.00		
Dutasteride	0.01%	10ml	\$107.00		
Glycolic Acid	1%	10ml	\$39.00		
Glutathione - 600mg - IV	600mg	10 x 600mg	\$197.00		
Hyaluronic Acid	10 mg/ml	10ml	\$98.00		
Hyaluronic Acid	20 mg/ml	10ml	\$179.00		
Hyaluronidase	150 IU/ml	30ml	\$77.00		
Hyaluronidase	150 IU/ml	10ml	\$43.00		
L-Carnitine	500 mg/ml	30ml	\$43.00		
Melilotus	4%	30ml	\$79.00		
Minoxidil	0.20%	10ml	\$42.00		
Meso Multi Trace Elements		100ml	\$74.00		
Meso Multivitamins		100ml	\$74.00		
Phosphatidylcholine	100 mg/ml	50ml	\$59.00		
Phosphatidylcholine	100 mg/ml	100ml	\$98.00		
Silicium	5%/ml	10ml	\$19.00		
Retinoic Acid	0.01%	10ml	\$49.00		
Vitamin C	200mg/ml	10ml	\$14.00		
Yohimbine	5.4 mg/ml	10ml	\$39.00		
Alopecia Treatment (Male & Female Alopecia)	<i>Azelaic Acid, D-Panthenol, Biotin, Pyridoxine, Zinc...</i>	5 x 10ml	\$243.00		
Body Contour (Localised Fat)	<i>L-Carnitine, Artichoke, Aminophylline, Pantothenic Acid, Yohimbine...</i>	5 x 10ml	\$189.00		
Lightening Therapy (Pigmentation & Melasma)	<i>Ascorbic Acid, Azelaic Acid, Kojic Acid, Tranexamic Acid...</i>	5 x 10ml	\$297.00		
Meso Cell (Cellulite)	<i>L-Carnitine, Rutin, DMAE, Aminophylline, Vit C, Retinoic Acid, Glycolic Acid, Pentoxifylline...</i>	5 x 10ml	\$197.00		
Meso Firm (Wrinkles, Stretch Marks)	<i>DMAE, Ascorbic Acid...</i>	5 x 10ml	\$197.00		
Meso Hair (Androgenic Alopecia)	<i>Finesteride, D-Panthenol, Biotin, Pyroxidine...</i>	5 x 10ml	\$299.00		
Meso Trim (Lipodissolve)	<i>Phosphatidylcholine, Deoxycholic, L-Carnitine, Artichoke, Aminophylline, Pantothenic Acid,</i>	5 x 10ml	\$190.00		
Hair Restoration System (HRS) (Male & Female Hair Loss)	<i>Minoxidil, Biotin, Dexpantenol, Zinc, Gingko Biloba, Pyridoxine...</i>	5 x 5 ml	\$149.00		
				Delivery	
				TOTAL	

ALL PRICES ARE IN US DOLLARS.

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: BANK TRANSFER CREDIT CARD:

  Signature: _____

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