

**Surgical Facility Information**

Surgical Facility Name \_\_\_\_\_

Contact Name \_\_\_\_\_ Email: \_\_\_\_\_

Cell \_\_\_\_\_ / \_\_\_\_\_ PO Required?  Yes  No

Delivery Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ / \_\_\_\_\_ Ext \_\_\_\_\_ Fax \_\_\_\_\_ / \_\_\_\_\_

Billing Address (if different than Delivery) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Shipping Information**

- Standard 2-day, \$25.00
- Priority Overnight, \$50.00
- First Overnight, \$125.00

invoice shipping costs  Use my FedEx account \_\_\_\_\_

Surgeon Name \_\_\_\_\_ Email \_\_\_\_\_

Surgeon Name \_\_\_\_\_ Email \_\_\_\_\_

Surgeon Name \_\_\_\_\_ Email \_\_\_\_\_

**Please provide the average monthly usage for each tissue type needed:**

Tissue Type	Shape	Size & Thickness	Tissue Code*	Avg. Cases/Month
Sterile Cornea	●	Whole moon, full thickness with scleral rim	V0103/V0106	
Sterile Cornea	●	Whole moon, split thickness (9mm)	V0131/V0139	
Sterile Cornea	◐	Half-moon split thickness (9mm X 4.5mm)	V0129/V0137	
Sterile Sclera	●	10mm sclera disk	V0146/V0154	
Sterile Sclera	Anatomical	Quarter sclera	V0151/V0158	
Sterile Sclera	Anatomical	Third sclera	V0150/V0157	

\*Each pair of tissue codes are interchangeable and will provide the same type of graft. List both codes when ordering.