

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.