# ALLOGRAFT ORDER FORM

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| PATIENT/PROCEDURE INFORMATION | | ORDER/DELIVERY DETAILS | |
|---|---|---|---|
| RECIPIENT (Name) | | ORDER DATE | |
| RECIPIENT ADDRESS | ADDRESSOGRAPH | ORDER PLACED BY | |
| | | CONTACT PHONE | |
| | | DELIVER TO (attention of) | |
| DATE OF BIRTH | | CONTACT PHONE | |
| UNIT RECORD NUMBER | | DELIVERY DATE/TIME | |
| RHESUS FACTOR | | DELIVERY ADDRESS | |
| SURGERY DATE | | | |
| SURGEON | | | |
| HOSPITAL | | HOSPITAL FAX | |

SURGERY DESCRIPTION

## ALLOGRAFT REQUIRED

| MILLED BONE (Particle Size) | QUANTITY REQUIRED (Weight: 1g ≅ 2cc ) | | | | | OTHER | DETAILS e.g. dimensions/quantity |
|---|---|---|---|---|---|---|---|
| | <5g | 5-9g | 10-19g | 20-29g | 30-50g | WHOLE FEMORAL HEAD | |
| COARSE (8 – 10mm) | | | | | | FEMORAL/TIBIAL STRUT | |
| FINE (5 -8 mm) | | | | | | WEDGE | |
| ULTRA FINE (0.5 – 1mm) | | | | | | TENDON | |
| OTHER ALLOGRAFT | | | | | | | |

| ADDITIONAL INFORMATION | |
|---|---|

**PLUSLIFE USE ONLY**

| ORDER RECEIVED BY: | DATE: | TIME: | ORDER ID #: |
|---|---|---|---|
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