



ALLOGRAFT REQUEST FORM

Document No: 0605:F3
Revision No: 3
Revision Date: 20 January 2010
Page 1 of 1
Document For General Use

Customer Service Phone: (02) 9452 6666
Customer Service Fax (02) 9452 6477

Patient Surname:		Initials:	
Date of Birth:			
Surgeon:		Hospital:	
		Address:	
Contact at Hospital:			
Email:		Phone:	Fax:
Date of Surgery:			
Time of Surgery:			
Hospital Order Number:			Orders cannot be allocated without a Purchase Order Number

Cat Number	Graft Description	Please select one				Quantity
		15 cc	30 cc			
AB-CCC-XX	Cortico-Cancellous Crunch	15 cc	30 cc			
AB-COC-XX	Cortico-Coarse-Crunch	15 cc	30 cc			
AB-FH-200	Femoral Head	Small	Medium	Large		
AB-FS-23XX	Femoral Shaft	10 cm	15 cm	20 cm	25 cm	
AB-FST-22XX	Femoral Strut	10 cm	15 cm	20 cm	25 cm	
AB-XPF-2425	Proximal Femur: Desired length cm	Left		Right		
AB-TS-33XX	Tibial Shaft	10 cm	15 cm	20 cm	25 cm	
AB-TST-32XX	Tibial Strut	10 cm	15 cm	20 cm	25 cm	
AB-FibS-43XX	Fibular Shaft	6 cm		12 cm		
AB-TCW-5XX	Tricortical Wedge	8 cm	10 cm	12 cm	15 cm	
AB-PTHTO-3425	Proximal Tibia (HTO Pack)	One size only				
AB-ATBP-100	Whole Achilles Tendon with Bone Plug	Desired length:			cm	
AB-ATBP-150	Hemi Achilles Tendon with Bone Plug	Desired length:			cm	
AB-ATT-160	Anterior Tibialis Tendon	Desired length:			cm	
AB-PTBP-100	Whole Patella Tendon with Bone Plug	Desired length:			cm	
AB-PTBP-150	Hemi Patella Tendon with Bone Plug	Desired length:			cm	
AB-PLT-160	Peroneus Longis	Desired length:			cm	
AB-STT-180	Semitendonosis	Desired length:			cm	

Other: Please specify