

## Allograft Fax Order Form

Facsimile: 1300 664 558

Telephone: 1300 664 557

<b>Date:</b>		<b>Patient Name:</b>	
<b>Address for Delivery:</b> (Include full street address delivery details)		Male <input type="checkbox"/> Female <input type="checkbox"/>	
		<b>DOB:</b>	
<b>Order Number</b>		<b>If Female &lt; 40 years</b> <b>Please supply Blood Group:</b>	
<b>Contact:</b>			
<b>Phone:</b>		<b>Date &amp; Time of Surgery:</b>	
<b>Facsimile:</b>		<b>Requesting Surgeon:</b>	
<b>Email:</b>		<b>Surgical Procedure:</b>	
<b>Cat No:</b>	<b>Graft Description</b>	<b>Qty</b>	
<b>CORTICO-CANCELLOUS CRUNCH</b>			
AB-CCC-15	Cortico-Cancellous Crunch 15cc		
AB-CCC-30	Cortico-Cancellous Crunch 30cc		
AB-COC-15	Cortico-Cancellous Crunch . <b>Coarse</b> 15cc		
AB-COC-30	Cortico-Cancellous Crunch . <b>Coarse</b> 30cc		
<b>SOFT TISSUE GRAFTS</b>			
AB-ATBP-150	Hemi-Achilles Tendon with Bone Plug		
AB-ATT-160	Anterior Tibialis Tendon		
AB-PTT-160	Posterior Tibialis Tendon		
AB-PTBP-150	Hemi-Patella Tendon with Bone Plugs		
AB-MDL-170	Medial Ligament		
AB-STT-180	Semi-Tendinosus Tendon		
<b>STRUTS AND SHAFTS</b>			
AB-FST-2215	Femoral Strut 15cm		
AB-FST-2220	Femoral Strut 20cm		
AB-FST-2225	Femoral Strut 25cm		
AB-FS-2315	Femoral Shaft 15cm		
AB-FS-2320	Femoral Shaft 20cm		
AB-FS-2325	Femoral Shaft 25cm		
AB-TST-3215	Tibial Strut 15cm		
AB-TST-3220	Tibial Strut 20cm		
AB-TS-3310	Tibial Shaft 10cm		
AB-TS-3315	Tibial Shaft 15cm		
AB-TS-3320	Tibial Shaft 20cm		
<b>SEGMENTAL GRAFTS</b>			
AB-FH-200	Femoral Head		
AB-xPF-2425	Proximal Femur 25cm: Left or Right ( <b>Please circle</b> )		
AB-HC-250	Hemicondyle		
AB-xACE-5004	Acetabulum: Left or Right ( <b>Please circle</b> )		
AB-HIC-5200	Hemipelvis . Iliac Crest		
AB-PTHTO-3425	Proximal One Third Tibia		
<b>OTHER</b>			