

Tissue Order Form

Patient Name: _____

Surgeon Name: _____

Date of Birth: _____

Date of Procedure: _____

Medical Record/Account: _____

Contact person/Number: _____

SELECT A LOCATION

- | | | |
|---------------------------------|---|------------------------------------|
| <input type="checkbox"/> CMC OR | <input type="checkbox"/> CMC Wound Clinic | <input type="checkbox"/> Surgicare |
| <input type="checkbox"/> SH OR | <input type="checkbox"/> SH Wound Clinic | |

IN STOCK

	<u>Quantity</u>	<u>Product</u>	<u>Size</u>		
Room Temperature		ArthroFlex	<input type="checkbox"/> Aflex100	<input type="checkbox"/> Aflex301	<input type="checkbox"/> Aflex403
		Cancellous Chips	<input type="checkbox"/> 5cc	<input type="checkbox"/> 15cc	<input type="checkbox"/> 30cc
		DBX Bone Putty	<input type="checkbox"/> 0.5cc	<input type="checkbox"/> 2.5cc	<input type="checkbox"/> 10cc
		BioCartilage 1cc			
		Kore Fiber	<input type="checkbox"/> 5cc	<input type="checkbox"/> 10cc	
		Flex HD SF2000			
		Epifix	<input type="checkbox"/> 18mm	<input type="checkbox"/> 4x4.5cm Mesh	
		Amniofix	<input type="checkbox"/> 16mm	<input type="checkbox"/> 2x12cm	
Frozen		Avance Nerve Graft	<input type="checkbox"/> 1-2x15	<input type="checkbox"/> 2-3x30	
		Achilles Tendon			
		Semitendinosus			
		Anterior Tibial Tendon			
		QuadLink >70mm			
		Bone Tendon Bone (shaped)			
		Femoral Head			
		Tisseel 4mL			

SPECIAL ORDER
 *a week's notice needs to be provided for special order items

<u>Quantity</u>	<u>Tissue Description</u>	<u>Size</u>

*A Purchase Requisition **must** be submitted to CMC Purchasing for all special order tissues

~MMPurchasing@CAYUGAMED.org

Fax: (607) 274-4549

Note: all special order tissues not used will be returned.

_____ <i>Provider Name (Printed)</i>	_____ <i>Provider Signature</i>	_____ <i>Date/Time</i>
<i>Read Back & Verified Signature (if provider is not available to sign)</i>		
Contact Person: _____		Phone: _____

Incomplete Forms will not be accepted & Tissue will not be dispensed.

Fax all orders to CMC Blood Bank **(607) 252-3201** and send a copy to OR with booking sheet, *if applicable*.

