

ALLOGRAFT BIO-IMPLANT TRACKING REPORT

GRAFT ID LABEL

PATIENT LABEL, if applicable

[Empty box for Graft ID Label]

[Empty box for Patient Label]

Surgeon:

[Surgeon name input field]

Speciality

- Ortho Neuro Cardio Oral/Max. Other

Implant Date:

Procedure:

[Date input field with month, day, year labels]

[Procedure name input field]

Patient ID/MR #:

[Patient ID/MR # input field]

Patient Name:

[Patient Name input field]

Patient Age:

Patient Gender:

[Patient Age input field]

[Patient Gender input field]

Facility Name:

[Facility Name input field]

Address:

[Address input field]

City:

[City input field]

State:

Zip Code:

[State input field]

[Zip Code input field]

Phone Number:

[Phone Number input field with dashes]

Person Completing this Form:

[Person Completing this Form input field]

GRAFT DISCARDED (Reason for Discard)

[Reason for Discard input lines]

HOSPITAL FILE COPY

ALLOGRAFT BIO-IMPLANT TRACKING REPORT

LIFENET HEALTH RECOMMENDS THAT YOUR ORGANIZATION ACT IN ACCORDANCE WITH THE JOINT COMMISSION STANDARDS IN THE TRACKING OF HUMAN ALLOGRAFT TISSUE PRODUCTS.

PLEASE COMPLETE THE FOLLOWING TASKS:

- COMPLETE THE ATTACHED FORM AND RETURN IT TO LIFENET HEALTH BY MAIL OR FAX TO 1-888-847-7832.
RETAIN THE TOP TWO COPIES OF THE FORM. PLACE ONE IN THE HOSPITAL RECORD AND ONE IN THE PATIENT'S RECORD.
GIVE THE "SHOW YOUR APPRECIATION" CARD TO THE PATIENT.

LifeNet Health strives to provide consistently high quality Allograft Bio-Implants for implantation through a rigorous quality assurance program.

If there are any problems or concerns, please contact LifeNet Health immediately by calling 1-888-847-7831 and have the Graft ID number available. Someone is available 24 hours a day to assist you.

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[State input field]

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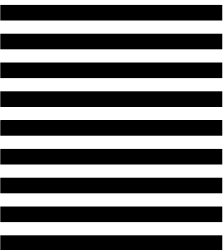
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