VersaCoat™ Flowable Hydrogel

RED ONE MEDICAL

VersaWrap® Hydrogel Sheet

DELIVERED ORDER FORM

Bill To	**Account Name**			
	Account Address			
	Account #		**PO #**	

Sales Rep	**Name**	
	Agency	
	Phone	

Surgical Details	**Date of Surgery**		**Surgeon Name**	
	Procedure(s) description		**Patient Name**	
			Patient ID/MR#	Patient Sticker

Please complete the following survey

Procedure(s) Type	**Tissue Type**	**Upper Extremity**	**Lower Extremity**	**Spine / Other**
☐ Primary repair ☐ Revision ☐ Decompression ☐ Tenolysis ☐ Neurolysis ☐ Transfer ☐ Fixation ☐ Fusion ☐ Arthroplasty ☐ Other:	☐ Tendon ☐ Nerve ☐ Ligament ☐ Muscle Other: _____ _____ _____	☐ Finger ☐ Hand ☐ Wrist ☐ Elbow ☐ Shoulder ☐ Brachial Plexus Other: _____ _____	☐ Forefoot ☐ Midfoot ☐ Hindfoot ☐ Ankle Other: _____ _____ _____	☐ Cervical ☐ Thoracic ☐ Lumbar Other: _____ Other Specialty: _____ Anatomy: _____

☐ Inpatient ☐ Outpatient	**Inventory Used**	☐ Trunk stock ☐ Hospital Inventory ☐ Other:

Part Number	Lot Number	Description	Qty	Unit Price	Extended Price
		Product Sticker			

Subtotal	
Shipping and Delivery	
TOTAL	

Please send completed DELIVERED ORDER FORMS to:
Email customerservice@redonemedical.com
For account assistance, please call 912.662.1443
For product complaints, please call Alafair Biosciences, Inc. (manufacturer) at 800.206.5586 or email sales@alafairbiosciences.com

_____ _____
Hospital Representative Signature Date

Printed Name: _____