

INTERSTATE / O'SEAS ALLOGRAFT ORDER FORM

RECIPIENT DETAILS

RECIPIENT NAME: _____		UNIT RECORD NO: _____
ADDRESS: _____ _____		
DATE OF BIRTH: _____	SEX: _____	BLOOD GROUP: _____

PURCHASE ORDER NO: _____	ATTENTION OF: _____
SURGEON: _____	
HOSPITAL: _____	
HOSPITAL ADDRESS: _____ _____	
Phone: _____	Fax: _____

DELIVERY ADDRESS (if different from above)	
ATTENTION OF: _____ _____ _____	
Phone: _____	Fax: _____

SURGERY DETAILS

DATE: _____
DESCRIPTION OF SURGERY: _____ _____ _____

ALLOGRAFT REQUIRED:

Type / Description / Left or Right?	Weight / Dimensions	PBTB use only		
		PBTB No:	Recipient	Date

ADDITIONAL INFORMATION:

ORDER PLACED BY: _____

PBTB USE ONLY

ORDER TAKEN BY: _____	DATE: _____	TIME: _____
TRANSPORT ARRANGEMENTS: _____ _____ _____		