

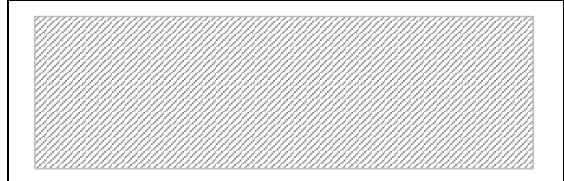
Send completed form to: CustomerService@InduceBiologics.com - or - fax (888) 845-5888.
 This form is intended for product tracking and usage only. Do not include any patient-identifiable information on this form, e.g. patient names, initials, medical record number, date of birth.

USAGE/PO INFORMATION

Today's Date	
Distributor Rep	
PO authorized by	
PO #	

<input type="checkbox"/> Check here if reporting Product Usage and Rep Designation ONLY	
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Surgery Date	
Surgeon	
Facility	
Procedure	



Order Tracking/Ref #	
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BILL TO:

Facility Name	
Contact Name	
Email	
Phone	

PRODUCT CODE	DESCRIPTION	SIZE	SERIAL NUMBER	FEES	BILL/REPLENISH
	Product Sticker May be Applied Here				<input type="checkbox"/> Replenish <input type="checkbox"/> Bill only
	Product Sticker May be Applied Here				<input type="checkbox"/> Replenish <input type="checkbox"/> Bill only
	Product Sticker May be Applied Here				<input type="checkbox"/> Replenish <input type="checkbox"/> Bill only
	Product Sticker May be Applied Here				<input type="checkbox"/> Replenish <input type="checkbox"/> Bill only

TOTAL:	\$
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PO Authorized by: _____
 Signature & Title