

Allograft Utilization Record

The Food and Drug Administration requires Snoasis Medical to track all tissue distributed. Please complete all sections, affix Tissue ID label(s), and return to Snoasis Medical by email or fax. Thank You.

Email: aur@snoasismedical.com • Fax: (303) 500-1616

Facility: _____

City, State, Zip: _____

Phone: _____

Surgeon Name: _____

Patient Name / ID: _____

Surgery Date: _____

DOB: _____ Sex: _____

Procedure: _____

Comment: _____

Place Tissue ID Label Here

Place Tissue ID Label Here

**If any questions, problems or adverse reactions occur, please
contact Snoasis Medical immediately at (866) 521-8247
or (303) 242-8075.**



CONFIDENTIAL



BX104.003