Remplir™ | by ortho·cell

Phone: 919-842-5915
Email: orthocell@unipharlogistics.com

Product Usage/Product Order Form

☐ New order, PO Number _____ Customer Number _____

Please complete this form when rep stock, case stock or consignment is used and needs to be billed.
Once complete, return to customer care, through fax or email immediately after surgery.

Facility _____ Surgery Date _____

Facility Address _____

Replenishment Address _____

Surgeon _____ Sales rep _____

Inventory source: ☐ Consignment ☐ Rep stock ☐ Case stock

Ship replacement product? ☐ Yes ☐ No

OR Authorized Signature _____ Date _____

Print name and title _____

Qty:	Affix product label	Lot number (if applicable)	Description	Price

Nerve treated: _____

Area of body:

☐ Upper extremity digits ☐ Palm ☐ Wrist ☐ Forearm ☐ Elbow ☐ Upper arm
☐ Lower extremity digits ☐ Head/neck ☐ Upper leg ☐ Lower leg ☐ Foot/ankle ☐ Other:_____

Injury type:

☐ Intact nerve ☐ Chronic compression ☐ Crush/stretch ☐ Transected nerve ☐ Neuroma-in-continuity
☐ Stump neuroma ☐ Nerve tumor ☐ Partial transection/contusion ☐ Other: _____

Notes: _____

Please send this form to orthocell@unipharlogistics.com