

5520 Research Park Drive | Suite 400
Baltimore, MD 21228
800-858-2020 | Fax 443-773-3734

CONTACT INFORMATION

SURGEON _____

SURGICAL FACILITY _____

Facility Address _____

City _____ State _____ Zip _____

SHIPPING INFORMATION

TODAY'S DATE _____

PURCHASE ORDER REQUIRED? Yes No

If yes, provide P.O.# (P.O. is required for shipment of tissue) _____






REQUESTED DELIVERY DATE _____

Expedited Shipping (Next day by 12:00pm) Expedited Shipping (Next day by 8:30am)

Standard Shipping (2-day, ground)

* Extra fees will apply for Expedited Shipping

TISSUE REQUESTED

	Qty.	Code	Description	Shape
<input type="checkbox"/>		C0301AL-90	Split Thickness Half Moon 9.0mm	
<input type="checkbox"/>		C0302AL-90	Split Thickness Third Moon 9.0mm	
<input type="checkbox"/>		C0300AL-90	Split Thickness Whole Moon 9.0mm	
<input type="checkbox"/>		C0100AL	Full Thickness Whole Moon w/out Rim	
<input type="checkbox"/>		C0101AL	Full Thickness Whole Moon with Rim	
<input type="checkbox"/>		C0400AL-85	K Pro Ring 8.5mm, 3.0mm center	
<input type="checkbox"/>		C0400AL-90	K Pro Ring 9.0mm, 3.0mm center	
<input type="checkbox"/>		S0500SI-11	Scleral Patch 1.0cm x 1.0cm	
<input type="checkbox"/>		S0500SI-77	Scleral Patch 7.0mm x 7.0mm	

* Custom sizes available

* All sclera tissue is sterile in saline

INSTRUCTIONS

1. Please email this request to tissue@keralink.org or fax it to **443-773-3734**

2. After receiving and processing your request, a number will be added below and sent to you via fax or email

(To be filled out by KeraLink International and returned as confirmation that we have received and processed your request)

REQUEST # _____ Please retain this request number for processing purposes

Please return to tissue@keralink.org