REQUEST FORM: VISIONGRAFT® & SCLERA

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

CONTACT INFORMATION

SURGICAL FACILITY _____

Facility Address _____

City _____ State _____ Zip _____

SURGEON NAME (If Known) _____

REQUESTOR'S NAME _____

REQUESTOR'S PHONE NUMBER _____

SHIPPING INFORMATION

TODAY'S DATE _____

PURCHASE ORDER REQUIRED? ○ No ○ Yes* (Please Provide): _____

PREFERRED SHIPMENT METHOD**: ○ FedEx Two-Day Ground
○ FedEx Priority Overnight Shipping
○ FedEx First Overnight Shipping (Not Available for All Zip Codes)

REQUESTED DELIVERY DATE/TIME _____

*Purchase order required prior to shipping
**Shipping fees apply

TISSUE REQUESTED

VISIONGRAFT® STERILE CORNEAS

Qty.	Code	Description	Shape
	C0302AL-90	Split Thickness Third Moon (9.0mm)	
	C0301AL-90	Split Thickness Half Moon (9.0mm)	
	C0300AL-90	Split Thickness Whole Moon (9.0mm)	
	C0100AL	Full Thickness Whole Moon Without Rim	
	C0101AL	Full Thickness Whole Moon With Rim	
	C0400AL-85	K-Pro Ring 8.5mm, 3.0mm Center	
	C0400AL-90	K-Pro Ring 9.0mm, 3.0mm Center	

SCLERA

Qty.	Code	Description	Sterile?	Shape
	S0500SI-11	Scleral Patch in Saline (1.0cm x 1.0cm)	Yes	
	S0500SI-77	Scleral Patch in Saline (7.0mm x 7.0mm)	Yes	
	200	Whole Sclera in 95% EtOH	No	
	202	Quarter Sclera in 95% EtOH	No	

INSTRUCTIONS

1. Please e-mail this request to bal.tissue@corneagen.com or fax it to 443-773-3734.
2. After receiving and processing your request, a confirmation will be added below and sent to you via fax or e-mail.
   If confirmation should be sent via fax, please include return fax number: _____

FOR INTERNAL USE

To be completed by CorneaGen and returned as confirmation that we have received and processed your request:

_____

Please complete and return to bal.tissue@corneagen.com