

**REQUEST FORM:
VISIONGRAFT® &
SCLERA**



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/ EMAIL _____

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)
 SURGERY DATE/ DELIVERY DATE _____

*Purchase order required prior to shipping | **Shipping fees apply | ***Request must be received before 4:30 PM EST for same day processing.

TISSUE REQUESTED

VISIONGRAFT® STERILE CORNEAS

Qty.	Code	Description	Shape
	C0302AL-45	Split Thickness Third Moon (4.5mm)	
	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	

INSTRUCTIONS

- Please e-mail this request to bal.tissue@corneagen.com or fax it to 443-773-3734.
- 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