



Surgery Date

**Fax completed Form to 760-607-0155 or Scan and email to  
CustomerService@SpinalElements.com**

Patient Sticker

If no Patient Sticker, provide Hospital Signature

Hospital Signature

Hospital Name

Hospital Address

City, State, ZIP

Surgeon Name (First and Last)

Select One:

☐ Bill only

☐ Bill & Replenish

If replenishment selected, provide shipping information:

Name:

Company:

Shipping Address:

City, State, Zip:

**FedEx Shipping Method (Circle one):**

Priority 1 (by 10:30 am)    Standard (by EOD)    Express Saver (2-3 days)

Saturday Delivery

1<sup>st</sup> AM (by 8:30 am)

Representative Company

Representative Name (First and Last)

Purchase Order

### Luna<sup>®</sup> XD Expandable Interbody Device Usage Form

Part #	Description	Qty	Unit Price	Total Price	Place Stickers Here
LUN20006-10	10MM, 6°, IMPLANT				
LUN20006-12	12MM, 6°, IMPLANT				
LUN20006-14	14MM, 6°, IMPLANT				
LUN20012-12	12MM, 12°, IMPLANT				
LUN20012-14	14MM, 12°, IMPLANT				
LUN20012-16	16MM, 12°, IMPLANT				
LUN4001	GRAFT INJECTOR				

**Surgery Total** \_\_\_\_\_