

CONSIGNMENT BILLING/CHARGE SHEET



Sales Agency: _____

Salesperson: _____

Purchase Order Number: _____

Restock: ☐ Yes ☐ No

CUSTOMER INFORMATION

Facility Name:	
Address:	
Physician Name:	Implant Date:
Patient Name/Initials:	Procedure Type: (Please select one from below)

Procedure Types:

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Orthopedics - CMF
<input type="checkbox"/> Orthopedics - Elbow
<input type="checkbox"/> Orthopedics - Foot & Ankle
<input type="checkbox"/> Orthopedics - Hand & Wrist
<input type="checkbox"/> Orthopedics - Hip
<input type="checkbox"/> Orthopedics - Incision Site
<input type="checkbox"/> Orthopedics - Knee
<input type="checkbox"/> Orthopedics - Shoulder
<input type="checkbox"/> Orthopedics - Trauma | <input type="checkbox"/> Surgical - General Surgery
<input type="checkbox"/> Surgical - GYN
<input type="checkbox"/> Surgical - Hysterectomy
<input type="checkbox"/> Surgical - Colorectal
<input type="checkbox"/> Surgical - ENT
<input type="checkbox"/> Surgical - Plastics
<input type="checkbox"/> Surgical - Prostatectomy
<input type="checkbox"/> Surgical - Urology/Other
<input type="checkbox"/> Surgical - Wound/Dehiscence | <input type="checkbox"/> Wound - Burn
<input type="checkbox"/> Wound - Chronic Ulcer
<input type="checkbox"/> Wound - Dehisced Surgical Wound
<input type="checkbox"/> Wound - Diabetic Foot Ulcer
<input type="checkbox"/> Wound - Diabetic Leg Ulcer
<input type="checkbox"/> Wound - Lower Extremity Surgery
<input type="checkbox"/> Wound - Plastics
<input type="checkbox"/> Wound - Pressure Ulcer
<input type="checkbox"/> Wound - Venous Leg Ulcer | <input type="checkbox"/> Spine - Cervical
<input type="checkbox"/> Spine - Lumbar
<input type="checkbox"/> Spine - Thoracic
<input type="checkbox"/> Spine - PLIF |
|---|---|---|--|

Item Code	Tissue ID	Qty	Unit Price	Total

Please email to cservice@stabilitybio.com or fax to 855-267-5551