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CUSTOMER SUPPORT



Important Documentation

Read Before Use

1. Tissue Transplant Return Record.
2. Preparation and Application Instructions. (included separately)

**Important: Complete this document for all patients receiving
ALLODERM SELECT™ Regenerative Tissue Matrix.**

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121P0633REV

ALLODERM SELECT™ Regenerative Tissue Matrix Tissue Transplant Return Record

Complete all information, affix **ONE (1)** peel-off label provided for each graft used, seal and return to LifeCell Corporation.

Date of Case: _____ / _____ / _____

Surgeon Name: Last _____ First _____

Specialty: General Trauma Colorectal Bariatrics Burn
 Plastic Recon Oncology ENT Orthopedic Other

Facility Name: _____

State: _____

Please check appropriate box(es) that describe the procedure.

Hernia/Abdominal Wall Hernia Repair <input type="checkbox"/> Parastomal <input type="checkbox"/> Incisional/Ventral <input type="checkbox"/> Hiatal/Paraesophageal <input type="checkbox"/> Inguinal <input type="checkbox"/> Umbilical Open Abdomen <input type="checkbox"/> Closure in Single Stage <input type="checkbox"/> Delayed closure <input type="checkbox"/> Other _____	Other Procedure Procedure: _____ _____ _____
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