



Scan QR for the
online version of
this form



TISSUE UTILIZATION RECORD

Facility Name _____

Facility Address _____

Procedure Performed _____

Date of Procedure _____

Patient's Date of Birth _____

Medical Record # _____

Male ☐ Female ☐

Lot Number

Place label here

Lot Number

Place label here

Lot Number

Place label here

Lot Number

Place label here

**PLEASE AFFIX LABELS FOR UP TO 4 GRAFTS OR WRITE THE
LOT NUMBERS IN THE PROVIDED SPACES.**

How to send tracking
Email: TUR@surgenex.com
Fax: (888) 277-9289
Mail: 15444 N 76th St. C110 Scottsdale, Az, 85260



Scan QR for the
online version of
this form



TISSUE UTILIZATION RECORD

Facility Name _____

Facility Address _____

Procedure Performed _____

Date of Procedure _____

Patient's Date of Birth _____

Medical Record # _____

Male ☐ Female ☐

Lot Number

Place label here

Lot Number

Place label here

Lot Number

Place label here

Lot Number

Place label here

**PLEASE AFFIX LABELS FOR UP TO 4 GRAFTS OR WRITE THE
LOT NUMBERS IN THE PROVIDED SPACES.**

How to send tracking
Email: TUR@surgenex.com
Fax: (888) 277-9289
Mail: 15444 N 76th St. C110 Scottsdale, Az, 85260