

### Usage Ticket Form

<u>REMIT TO: us.customerservice@unitedorthopedic.com</u> 15251 Alton Pkwy Ste. 100, Irvine, CA 92618 Phone: 949-328-3366 eFax: 949-328-3368		<u>Today's Date:</u> <u>Restock: Ground / 3 Day / 2 Day / STD / P1 / 1st am / SAT P1</u> <u>Restock Location:</u>	
<u>Surgery Date:</u> <u>Surgeon Name:</u> <u>MRN. / Case ID No.:</u>		<u>P.O. #</u> <u>Hospital Name:</u> <u>Hospital Address:</u>	
Catalog Number/ Lot Number			
Price: \$		Price: \$	
Price: \$		Price: \$	
Price: \$		Price: \$	
Rep Name:		Sub-total Merchandise: \$	
Rep Signature:		Freight: \$	
OR. Name:		Other: \$	
OR. Signature:		Total Invoice: \$	
New Act bill to address:		Contact Name:	
		Email:	