



INVENTORY REQUEST FORM – Spare Parts/Miscellaneous

Agent Name		Request Date (MM/DD/YYYY)	
RSM Name		Delivery Date (MM/DD/YYYY)	

<input type="checkbox"/> Loaner <input type="checkbox"/> Consignment*	If Loaner Date of Surgery (MM/DD/YYYY)		
Surgeon Name		Facility Name	
Reason	<input type="checkbox"/> Initial Consignment <input type="checkbox"/> Surgery Increase <input type="checkbox"/> New Customer <input type="checkbox"/> Other		
List Other Reason			

Ship To	<input type="checkbox"/> Agent Office <input type="checkbox"/> Residence <input type="checkbox"/> Facility <input type="checkbox"/> FedEx HFP
Shipping Method	<input type="checkbox"/> Ground <input type="checkbox"/> 3 Day <input type="checkbox"/> 2 Day <input type="checkbox"/> STD Overnight <input type="checkbox"/> P1 <input type="checkbox"/> 1 st AM <input type="checkbox"/> SAT
Address Line 1	
Address Line 2	
City, State, ZIP	

**Policy Notice: Consignment requests are subject to approval. Initial Consignments require meeting Inventory Turn's Schedule of 1 turn within 1st 30 days of receipt, 2 turns within 60 days, and 3 turns within 90 days, or shall be treated as Loaner. Consignment increase requires minimum 3 turns per month.*

Product Number/Description

Comments:

REQ FORM # _____ MNGR APPR _____ PULLED BY _____ AUDITOR _____

FR-03-00213 Rev A