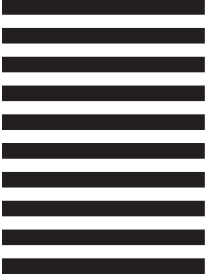




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**Important Documentation**  
**Read Before Use**

- 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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**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.

<p><b>Hernia/Abdominal Wall</b></p> <p>Hernia Repair</p> <ul style="list-style-type: none"><li><input type="checkbox"/> Parastomal</li><li><input type="checkbox"/> Incisional/Ventral</li><li><input type="checkbox"/> Hiatal/Paraesophageal</li><li><input type="checkbox"/> Inguinal</li><li><input type="checkbox"/> Umbilical</li></ul> <p>Open Abdomen</p> <ul style="list-style-type: none"><li><input type="checkbox"/> Closure in Single Stage</li><li><input type="checkbox"/> Delayed closure</li><li><input type="checkbox"/> Other _____</li></ul>	<p><b>Other Procedure</b></p> <p>Procedure: _____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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