

CHARGE SHEET

PO Number: _____

Sales Agency: _____

Sales Rep: _____

Surgeon Name: _____

Surgery Date: _____

Patient Initials/ID: _____

SHIPPING OPTIONS	HOSPITAL BILL TO ADDRESS
<input type="checkbox"/> FedEx 2nd Day (standard) <input type="checkbox"/> FedEx Standard Overnight <input type="checkbox"/> FedEx Priority Overnight <input type="checkbox"/> FedEx 1st Overnight <input type="checkbox"/> FedEx Saturday Delivery	Hospital Name: _____ Contact: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: _____ Fax: _____

INTERFUSE® SHIP REPLACEMENT TO ADDRESS	INTERGRAFT™ SHIP REPLACEMENT TO ADDRESS
Location Name: _____ Contact: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: _____ Fax: _____ <input type="checkbox"/> Do not restock	Location Name: _____ Contact: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: _____ Fax: _____ <input type="checkbox"/> Do not restock

PLACE IMPLANT STICKERS BELOW - one sticker for each box opened - AND RECORD NUMBER OF UNITS IMPLANTED

<i>PLACE INTERFUSE® STICKER HERE</i>	Number of billable units implanted: _____	<i>PLACE INTERGRAFT™ STICKER HERE</i>	Number of billable units implanted: _____
<i>PLACE INTERFUSE® STICKER HERE</i>	Number of billable units implanted: _____	<i>PLACE INTERGRAFT™ STICKER HERE</i>	Number of billable units implanted: _____
<i>PLACE INTERFUSE® STICKER HERE</i>	Number of billable units implanted: _____	<i>PLACE INTERGRAFT™ STICKER HERE</i>	Number of billable units implanted: _____

FOR INTERNAL USE ONLY

Ticket Received By:	Verification Checklist: <input type="checkbox"/> Verify charge sheet is not a duplicate <input type="checkbox"/> Verify part numbers are correct <input type="checkbox"/> Verify price structure is acceptable
Received Date:	Reviewed by/Date:

InterFuse® Price:		InterGraft™ Price:	
Billable Quantity:		Billable Quantity:	
Shipping Rate:		Shipping Rate:	
Total:			

Please fax or email this Charge Sheet with your P.O.# to VTI Customer Service at 952-979-9343 or customerservice@vti-spine.com

Emergency Shipping Charge applies when a hospital provides less than a 48-hour notice for a surgery

FOR GOVERNMENT ACCOUNTS ONLY:

reference FSS# V797P-4964A and Tryco, Inc.

