

Date of Request: _____ **Injection date:** _____

Animal and Contact Information One Form per Animal

Animal Name _____
 Veterinarian _____ Vet Phone () _____ Cell Phone () _____
 Owner Name _____ Owner Phone () _____

Shipping Info for Regenerative Cell Return * Needed for FedEx Shipping, No PO Boxes

Ship to* _____
 Address 1* _____
 Address 2* _____
 City* _____ State* _____ Zip _____
 Telephone* () _____ Fax* () _____

Billing Information

Bill credit card on file Bill attached credit card authorization Approved credit agreement on file

Pricing is per Dose as specified on the Vet-Stem Pricing Sheet plus shipping and handling

Injury & Disease Information

Injury Information

Injury Date _____ **or Duration of disease** _____ Cells to be used with PRP Yes No **Last Resort** Yes No
 New injury Chronic **Location:** LF RF LR RR **Severity:** Mild/Sm Moderate/Md Severe/Lg

Tendons & Ligaments: Number of lesions to be treated _____ **Complications:** Avulsion Sepsis Sheath
 SDFT DDFT Extens Check Colat SL Branch SL Body SL Origin Impar Other _____
 Description / Zones: _____
 Previous Treatments: _____

Joints: Number of sites to be treated _____ Cells to be used with surgery Yes No
L: Coffin (F/R) Hock Fetlock Stifle Other: _____ **R:** Coffin (F/R) Hock Fetlock Stifle Other: _____
Injury Type: OA OCD – No Cyst OCD with Cyst Meniscus Cartilage Other _____
 Description: _____
 Previous Treatments: _____

Other Indications by preapproval only: Number of sites to be treated _____ **Description and Location:** _____
 Please contact Vet-Stem veterinarian to discuss treatment options

Other information Please note any special requests or updates on patient condition

Order Specifications REQUIRED BEFORE PROCESSING CAN BEGIN

Please indicate the **number** of syringes (doses) needed per volume (one dose will be processed per syringe requested)
 Syringe Volumes: _____ @ 0.6 mL Volume _____ @ 2 mL Volume _____ @ 10 mL (with filter for regional perfusion)

Scheduling and Important Information:

- Fax this completed form to 858-748-2005. Please call to verify fax has been received.
- To ensure delivery on the date requested, orders must be received by noon PST two days prior to requested delivery date.
- Orders received at least 24 hours prior to date needed will be scheduled if possible.
- FedEx delivery services and weather conditions may cause delays.
- All cells must be used the day that they are received (call if there is a question).

I authorize processing of Banked Doses and charging of fees:

Veterinarian Signature: _____ Date: _____