Exclusively foot & ankle Paragon 28®

XTANT MEDICAL

Complete this form at the time of transplantation or other disposition of tissue. Return to Xtant Medical to facilitate tissue tracking as required by FDA regulations and AATB guidelines.

Pt. DOB: _____ Sex: M F Pt. MR#: _____

Hospital Name: _____

Hospital Address: _____

Hospital City/ST/ZIP: _____

Surgeon: _____ Date of Surgery: _____

Procedure: _____

Person Providing Info: _____ Title: _____

Comment: _____

ATTACH TISSUE LABEL HERE

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FM-B-PL-52 Rev A Activation Date: 04/20/2021

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Transplantation Utilization Record

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