



ALLOGRAFT TISSUE TRACKING SYSTEM

Straumann's AlloGraft Tissue Tracking system is moving online! To submit your patient record to Straumann, please visit our AlloGraft website: www.straumann.us/allograft to access our secure website. The new system is more convenient and allows for easier, quicker tracking!

Instructions

- Federal regulations require Straumann to trace the allograft that we sell to you. The regulations do not require us to track which patient received the allograft. Federal regulations require you to maintain a record of the specific patient who has received a human tissue implant like allograft.
- If you would like Straumann to maintain a duplicate record of the recipient patient information, visit www.straumann.us/allograft to access our secure tracking system. Please use the opposite side of this card for easy information collection at time of treatment.
- **This system is NOT a substitute for your own patient records, and Straumann accepts no liability for maintaining, verifying, or otherwise collecting the information submitted online.**
- Straumann® AlloGraft is for single patient use only. In any tracking efforts, Straumann will only maintain one record per unit of allograft.
- Please make every effort to complete the information to the best of your ability. If the required information is not complete, tracking will not be possible.



**PLACE STRAUMANN ALLOGRAFT
PATIENT LABEL HERE**

This card can be used for easy information collection at time of treatment. After treatment, visit www.straumann.us/allograft to access our secure tracking system. Keep this card for your records.

Straumann Account: _____ Implanting surgeon: _____

Address: _____
Street City State Postal Code Country

Phone number: _____ Email address: _____

Enter the following PRODUCT information, that can be found on the product label.

Article Number: _____ Beside [REF] symbol on product label ID Number: _____ Beside "ID" on product label

Expiration Date: _____ Beside "Exp" on product label

Patient ID: _____ Date of birth (mm/dd/year): ____/____/____ Patient gender: M F