

Hospital Loaner Form

Please complete this form and fax back to (866) 778-8278 or email to Loaners@Arthrex.com.
Your order will not ship until we receive this form with P.O. number.

Ship Via:	PO #:
LRA #:	Date of Surgery:
Hospital Account #	Hospital Account Name:
Ship To Account #:	
Hospital Ship to Address:	
Sales Rep:	Phone #:
Hospital Contact Name/Email:	Phone#/Fax#:
Contract Start Date:	Contract End Date:
Loaner Set #(s):	
Description(s) Set #:	
Loan Fee (s):	

Return equipment to: Arthrex Logistics, 14550 Plantation Rd., Fort Myers, FL 33912

Mark the Order # from your packing slip on the outside of the package, to the attention of Loaner Returns. Arthrex must receive this equipment by the Contract End Date; otherwise a \$100 late fee shall be imposed for every day thereafter. The list price shall be charged for this equipment if not returned 30 days after the Contract End Date.

This P.O. # is for shipping, loaner fees, and any extensions. The cost of any instrument not returned or damaged, may also be charged. **Disposables used will also be billed on this PO#.

A PROCESSING FEE OF \$250.00 SHALL BE ASSESSED TO THIS PO# IF INSTRUMENTS ARE NOT RETURNED PROPERLY OR IMPLANT BANKS ARE RETURNED MIXED.

If this surgery is cancelled it is your responsibility to contact Arthrex at (800) 933-7001 x78714 and return instruments within 24 hours.

Authorized Signature (Required for Shipment):	Date:
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**Note this option is non-refundable

