

McLaren Print System Order

Order No: 53297 Reprint Previous Order No: 53289
 Order Date: 2020-03-12
 User: Lisa Ardanowski
 Phone: 810-768-2073

Ship Location: McLaren Surgery and Endoscopy Center Attn: Lisa Ardanowski
 501 S. Ballenger Hwy
 Flint, MI 48532

Forms

Quantity: 100
 Paragon Dept No: 30014
 Dept Name: Surgery and Endoscopy Center Pain Clinic
 Company Number: 60

Order Total Price: 5.15

Item Number: M-1954
 Item Description: SPD DEPARTMENT LOANER CHECK-IN FORM
 Revision Date: 1/2017
 Print: 1 sided black and white
 Paper: 60# Orange (Bright) Text
 Size: 8.5 x 11
 Fold:
 Finish: None
 Drill: None
 Misc Info: ss; black; bright orange paper

McLaren Flint
Main OR and SEC
SPD DEPARTMENT LOANER CHECK-IN FORM

SPD COMPLETES THIS SECTION - Please print	
Date Delivered: _____	Time Delivered: _____ Received By: _____
VENDOR COMPLETES THIS SECTION - Please print	
Vendor Name: _____	Case Type (Hip, Knee, Spine, etc.): _____
Set Description (Exactly what is on the container that it came in/name of item if individual)	
1. _____	Implants: <input type="checkbox"/> Yes <input type="checkbox"/> No
2. _____	Implants: <input type="checkbox"/> Yes <input type="checkbox"/> No
3. _____	Implants: <input type="checkbox"/> Yes <input type="checkbox"/> No
4. _____	Implants: <input type="checkbox"/> Yes <input type="checkbox"/> No
5. _____	Implants: <input type="checkbox"/> Yes <input type="checkbox"/> No
6. _____	Implants: <input type="checkbox"/> Yes <input type="checkbox"/> No
7. _____	Implants: <input type="checkbox"/> Yes <input type="checkbox"/> No
8. _____	Implants: <input type="checkbox"/> Yes <input type="checkbox"/> No
9. _____	Implants: <input type="checkbox"/> Yes <input type="checkbox"/> No
10. _____	Implants: <input type="checkbox"/> Yes <input type="checkbox"/> No
Tray Complete _____ <small>(signature)</small>	
RECEIPT INFORMATION	
Delivered By: _____	Phone: _____
Cleaning/packaging/sterilization (IU included)? <input type="checkbox"/> Yes <input type="checkbox"/> No Comments: _____	
Count Sheet Included? <input type="checkbox"/> Yes <input type="checkbox"/> No Comments: _____	
CASE INFORMATION	
Physician Name: _____	OR Room#: _____ Case Date: _____
Case Identifier: _____	Case Time: _____
LOANER RETURN INFORMATION/LOANER MISSING ITEMS	
SPD Staff Contacted: _____	Name of Person Who Picked Up: _____
Pickup Date/Time: _____	All Items Accounted For: <input type="checkbox"/> Yes <input type="checkbox"/> No
Item Missing: _____	
<small>Original copy of form goes in the Loaner Form Binder and remaining copy goes with loaners.</small>	

Facility will not reimburse for any item that vendor claims is missing when any vendor fails to provide an inventory sheet and does not complete this form.
 3/19/16 0.15