

McLaren Print System Order

Order No: 59457 Reprint Previous Order No: 59387
Order Date: 2021-01-06
User: Bobbie Morris
Phone: 989-794-4032

Ship Location: McLaren Midland ENT-Attention Bobbie
801 Joe Mann Blvd., Ste H
Midland, Michigan 48642

Forms

Quantity: 100
Paragon Dept No: 56058
Dept Name: McLaren Midland ENT
Company Number: 810

Order Total Price: 16.10

Item Number: MM-34005
Item Description: Cochlear Implant Planning Checklist.
Revision Date: 12/2020
Print: 1 sided full color
Paper: 20# White Text
Size: 8.5 x 11
Fold:
Finish: None
Drill: None
Misc Info:



Cochlear Implant Planning Checklist

Patient Name: _____	Appointment/Approval Dates
___ Initial consultation with implant surgeon	_____
___ Hearing aid fitting/trial (4-6 months total)	_____
___ Cochlear Implant Evaluation	_____
___ Imaging MRI or CT scan	_____
___ VNG Balance testing (if needed)	_____
___ Follow up consultation with implant surgeon	_____
___ Finalize implant order form with audiologist and surgeon	_____
___ Insurance approval (if necessary)	_____
___ Vaccinations- (Pneumovax & Prevnar; Hib (children)) must have one prior to the day of the operation and may get the other after the surgery	_____
___ Medical Clearance by PCP (if deemed necessary)	_____
___ Surgery	_____
___ Post-op	_____
___ Activation (3-6 weeks post-op)	_____