

McLaren Print System Order

Order No: 63208 Reprint Previous Order No: 53289
 Order Date: 2021-06-24
 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: 500
 Paragon Dept No: 30014
 Dept Name: Surgery and Endoscopy Center Pain Clinic
 Company Number: 60

Order Total Price: 25.75

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: _____	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 _____	
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: _____	

Original copy of form goes in the Loaner Form Binder and remaining copy goes with loaners.

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.
 10/16/11/15