

McLaren Print System Order

Order No: 50277 Reprint Previous Order No: 24893
Order Date: 2019-11-13
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: 1000
Paragon Dept No: 30014
Dept Name: Surgery and Endoscopy Center Pain Clinic
Company Number: 60

Order Total Price: 224.00

Item Number: M-17459
Item Description: Implanted_Extended_Device_Record
Revision Date: 12/2016
Print: 1 sided black and white
Paper: 2 Part (White, Yellow)
Size: 8.5 x 11
Fold:
Finish: None
Drill: None
Misc Info: ss; black; 2 part;

McLaren Form
Implanted / Extended Device Record

Implanted Extended Device Record

Date: _____ Surgeon: _____

Procedure/Locations: _____

Place manufacturer product label in the space below, and/or write in the following information:

Device description:

Name: _____

S/N/Lot #: _____

Catalog #: _____

Manufacturer: _____

Model #: _____

Quantity: _____

Exp. Date: _____

Tissue Package Integrity	Reconstitution
Supplier Package Intact: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Reconstitution: <input type="checkbox"/> Yes <input type="checkbox"/> No
Product Package Intact: <input type="checkbox"/> Yes <input type="checkbox"/> No	Reconstitution by: _____
Temperature Maintained: <input type="checkbox"/> Yes <input type="checkbox"/> No	Reconstitution Date/Time: _____
Product Label Legible: <input type="checkbox"/> Yes <input type="checkbox"/> No	Reconstitution instructions available: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	Type of Fluid: _____
	Lot # of Fluid: _____
	Exp. Date of Fluid: _____

Implants sterilized in house: Date of sterilization: _____

CPD: _____ Sterilization Load Number: _____

ORI: _____ Sterilizer Used: _____ Cycle Count #: _____

In the event of an Explicit, provide the following information:

Reason for removal: _____

Final Disposition: _____

In the event of a cardless Explicit, provide the following information:

Length of warranty: _____

Parameter settings: _____

IMPLANTED/EXTENDED
DEVICE RECORD
M-17459-REV 12/2016



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