

LOANER INSTRUMENTS FOR SURGERY

This form must be filled out in it's entirety. (Vendor to fill in all areas in top section.)

When this form is completed and instruments are sterilized, take a copy of this form to the OR.***

Vendor: _____ Date Brought In: _____ _____ Date and Time of Surgery: _____ _____ Procedure: _____ Total Number of Pans: _____ _____	Delivery Person: _____ Time: _____ Received By: _____ _____ Surgeon: _____ _____ List names of sets (how they will be Labeled below): _____ _____
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NAME OF SETS:	INSTRUCTIONS FOR OR: (CIRCLE ONE)	
1 _____	HOLD	OPEN
2 _____	HOLD	OPEN
3 _____	HOLD	OPEN
4 _____	HOLD	OPEN
5 _____	HOLD	OPEN
6 _____	HOLD	OPEN
7 _____	HOLD	OPEN
8 _____	HOLD	OPEN
9 _____	HOLD	OPEN
10 _____	HOLD	OPEN
11 _____	HOLD	OPEN
12 _____	HOLD	OPEN
13 _____	HOLD	OPEN
14 _____	HOLD	OPEN
15 _____	HOLD	OPEN

Time in sterilizer: _____	Time out of sterilizer: _____
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After all the trays have been sterilized, make a copy of this form and take it to OR.

This will let them know the instruments are here and ready.