

McLaren Print System Order

Order No: 77976
Order Date: 2023-06-20
User: Donna Wilson
Phone: 9898943046

Ship Location: Donna Wilson
1900 Columbus Ave
Bay City, MI 48708

Forms
Quantity: 100
Paragon Dept No: 28550
Dept Name: OR
Company Number: 210

Order Total Price: 0.00

Item Number: MHCC-655
Item Description: Pre-Scheduling Checklist for Cranial/Hypoglossal Neurostimulator Insertion Procedure for Obstructive Sleep Apnea
Revision Date: 05/2023
Print: 1 sided black and white
Paper: 20# White Text
Size: 8.5 x 11
Fold:
Finish: None
Drill: None
Poster:
Misc Info:



Pre-Scheduling Checklist for Cranial/Hypoglossal Neurostimulator Insertion Procedure for Obstructive Sleep Apnea

Instructions: Each item must be checked before scheduling the neurostimulator insertion procedure

Cranial/Hypoglossal Nerve Neurostimulator for Obstructive Sleep Apnea

Table with 2 columns: Office Note Documentation (Check if Present) and various medical criteria for OSA diagnosis and treatment.

Spec Info: Name \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_
(Signature of person completing checklist)



Form with fields for 'PL', 'MATERIALS', and 'ON'.