

McLaren Print System Order

Order No: 77977
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-656
Item Description: Pre-Scheduling Checklist for Sacral Nerve Neurostimulator Insertion Procedure for Urinary Incontinence
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 Sacral Nerve Neurostimulator Insertion Procedure for Urinary Incontinence

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

Sacral Nerve Neurostimulator for Urinary Incontinence

Office Note Documentation (Check if Present)	
<input type="checkbox"/>	Conventional therapy that was tried and failed (documented behavioral, pharmacological and/or surgical conservative therapy)
<input type="checkbox"/>	Patient does not have stress incontinence, urinary obstruction, or diabetes with peripheral nerve involvement
<input type="checkbox"/>	50% or greater improvement through test stimulation
<input type="checkbox"/>	Voiding diary recorded by the patient, demonstrating improvement during the test stimulation

Spec Info: _____ Date _____ Time _____
(Signature of person completing checklist)


