McLaren Business Products

McLaren Print System Order

Order No: 55682 Reprint Previous Order No: 24893
Order Date: 2020-07-29
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: 117.00

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 Flint
Implanted / Extended Device Record

☐ Implanted ☐Explanted 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: _____

Tissues Package Integrity

Supplier Package intact: ☐ Yes ☐ No ☐ N/A

Product Package intact: ☐ Yes ☐ No

Temperature Maintained: ☐ Yes ☐ No

Product Label Legible: ☐ Yes ☐ No

Reconstitution

Reconstitution: ☐ Yes ☐ No

Reconstitution by: _____

Reconstitution Date/time: _____

Reconstitution instructions available: ☐ Yes ☐ No ☐ N/A

Type of Fluid: _____

Lot # of Fluid: _____

Exp. Date of Fluid: _____

Implants sterilized in house: Date of sterilization: _____

CPO: _____ Sterilization Load Number: _____

OR: _____ Sterilizer Used: _____ Cycle Count #: _____

In the event of an Explant, Provide the following information:

Reason for removal: _____

Final Disposition: _____

In the event of a cardiology Implant/Explant, provide the following information:

Length of warranty: _____

Parameter settings: _____

IMPLANTEDEXTENDED DEVICE RECORD

M-17459 REV. 12/2016

0408