

Surgery Usage Form

Write or attach stickers. Fax to 314-821-3773 immediately after surgery.

Surgery Date: _____

Time of Surgery: _____

Name of Facility: _____

Doctor: _____

Patient: _____

Manufacturer and Set Used: _____

Circle One: MedSource Inventory

Hospital Consignment

Rep Inventory

Part# _____ QTY _____ Lot # _____

Part# _____ QTY _____ Lot # _____

Part# _____ QTY _____ Lot # _____

Part# _____ QTY _____ Lot # _____

Part# _____ QTY _____ Lot # _____

Part# _____ QTY _____ Lot # _____

Part# _____ QTY _____ Lot # _____

Notes: _____

Reps Signature/Initials: _____

In House use only:

Info Taken by: _____

Date Time Taken: _____

PO Request # _____

Reorder PO # _____