

University of
Surgery

Medical Center

Implant Record

PATIENT IDENTIFICATION

Implant Information. If applicable - Any item that has a serial number stamped on it, OR if experimental, just describe.

IMPLANT #1	
DESCRIPTION	
SIZE	TYPE
SERIES NUMBER	SITE
LOT NUMBER	MODEL
BIOLOGICAL MONITORING <input type="checkbox"/> YES <input type="checkbox"/> NO	RESULTS <input type="checkbox"/> POS <input type="checkbox"/> NEG
IMPLANT #2	
DESCRIPTION	
SIZE	TYPE
SERIES NUMBER	SITE
LOT NUMBER	MODEL
BIOLOGICAL MONITORING <input type="checkbox"/> YES <input type="checkbox"/> NO	RESULTS <input type="checkbox"/> POS <input type="checkbox"/> NEG
IMPLANT #3	
DESCRIPTION	
SIZE	TYPE
SERIES NUMBER	SITE
LOT NUMBER	MODEL
BIOLOGICAL MONITORING <input type="checkbox"/> YES <input type="checkbox"/> NO	RESULTS <input type="checkbox"/> POS <input type="checkbox"/> NEG
IMPLANT #4	
DESCRIPTION	
SIZE	TYPE
SERIES NUMBER	SITE
LOT NUMBER	MODEL
BIOLOGICAL MONITORING <input type="checkbox"/> YES <input type="checkbox"/> NO	RESULTS <input type="checkbox"/> POS <input type="checkbox"/> NEG
IMPLANT #5	
DESCRIPTION	
SIZE	TYPE
SERIES NUMBER	SITE
LOT NUMBER	MODEL
BIOLOGICAL MONITORING <input type="checkbox"/> YES <input type="checkbox"/> NO	RESULTS <input type="checkbox"/> POS <input type="checkbox"/> NEG
IMPLANT #6	
DESCRIPTION	
SIZE	TYPE
SERIES NUMBER	SITE
LOT NUMBER	MODEL
BIOLOGICAL MONITORING <input type="checkbox"/> YES <input type="checkbox"/> NO	RESULTS <input type="checkbox"/> POS <input type="checkbox"/> NEG