

Implant/Specials Request Form

St. Joseph Walters GHSDS St. Anthony St. Clare St. Elizabeth St. Francis St. Anne
 St. Michaels Silverdale Ortho

Surgeon Name:
Patient Name: **DOB:**
Case Date/Time: **Requester Name:**

Implant, Specials, and/or Instrument Set Name	Rep Required?	Implant Manufacturer Number Or Rep Name (if applicable)

Comments:

Email the completed form to one of the following addresses:

- Gig Harbor SDS: SupportCoordinatorGHSDS@catholichealth.net
- St. Anne (Highline): Vmadourlet@highlinemedical.org
- St Anthony: SupportCoordinatorSAH@catholichealth.net
- St Clare: SupportCoordinatorSCH@catholichealth.net
- St Elizabeth: SupportCoordinatorSEH@catholichealth.net
- St Francis: SupportCoordinatorSFH@catholichealth.net
- St Joseph & Walters: SupportCoordinatorSJMC@catholichealth.net
- St. Michael (Harrison/Silverdale): Nancy.Bailey@harrisonmedical.org
Heather.Burnett@harisonmedical.org

The signature below indicates that the circulating nurse has verified the implants to be correct during the pre-procedure verification checklist.

RN Signature

Date/Time

*This document is for implant tracking purposes only. It is NOT included in the Patient Medical Record