



# Hip Delivered Order Form

Surgeon:	
Customer Name:	
Address:	

Purchase Order #:	
Actual Surgery Date:	
SN ref (for Pro orders):	
Sales Rep:	

Product	Catalog Number	Size	SO Price if USED	SO Price if WASTED	Product	Catalog Number	Size	SO Price if USED	SO Price if Wasted
Stem	H				Bone Screw 1	HAA-			
Cup	HCC-032-B0				Bone Screw 2	HAA-			
Liner	HDL-060-				Pro iView	-VIEW	N/A		
Head	HAH-								
<b>TOTAL SO AMOUNT</b>									

**\*NEW!** If a pre-operative iView was utilized without iJigs ("Pro") please add SN reference AND the respective catalog number:

ACTERA Pro: ACTE-IVIEW

CORDERA Pro: CORD-IVIEW

## Hospital Patient Sticker (if not available: Patient Name and Patient MRN)

## USED IN SURGERY

STEM
CUP
LINER

HEAD
BONE SCREW 1
BONE SCREW 2



# Hip Delivered Order Form

Please place label for all wasted additional inserts below:

Surgeon:	
Customer Name:	
Sales Rep:	

Purchase Order #:	
Actual Surgery Date:	

Hospital Patient Sticker (if not available: Patient Name and Patient MRN)

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WASTED LABELS ONLY

