

BREAST IMPLANT DATA SHEET

SURGEON: _____ **DATE OF SURGERY:** _____

PATIENT: _____

PROCEDURE: _____

EXPANDER/IMPLANT ORDER

COMPANY: _____

QUANTITY	CATALOG #	DESCRIPTION

Please fax the completed form to Materials Manager (Tony Gonzales) in the OR at (631) 351-4161 or call at 351-2539.

Any Questions, please call Susan Meyer, RN @ (631) 547-6390 or beeper: (631)340-0604. Thank you.