

Proof of Delivery



RED ONE

MEDICAL



Case #	Set #
IDIQ: <input type="checkbox"/>	ECAT: <input type="checkbox"/>

Patient Data - Unique Patient Identifier
Before sending to Red One: Black Out all Patient Info except Unique Patient Identifier and Last Name

Date	Hospital Name	Surgeon
Distributor/Manufacturer Name		Type of Surgery
		Servicemember <input type="checkbox"/>
		Veteran <input type="checkbox"/>

Part #	Description	Lot #	Qty.	Unit Price	Total Price

Restocks:	Address for Restocks or Special Notes	Surgery Total: _____
Loaner <input type="checkbox"/>		Rep. Signature: _____
Hospital <input type="checkbox"/>		Hospital Signature: _____