

SURGERY INFORMATION

Hospital _____

Name of surgeon _____

Patient ID information _____

P.O. # _____

Date of surgery _____

Please photocopy this form, fill out information and submit to Purchasing department

To Purchasing department, please fax Purchase Order along with this form to:

In North America:
Pega Medical Fax: 450-233-6358



Pega Medical

1111 Autoroute Chomedey, Laval, Quebec CANADA H7W 5J8
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www.pegamedical.com

International distributor

IMPLANTS USED FROM COMPLETE KIT HPK300

QTY ▼	PLATES	QTY ▼	SCREWS
_____	HPI012 Small hinge plate	_____	HPS025 25 mm screw
_____	HPI016 Medium hinge plate	_____	HPS030 30 mm screw
_____	HPI020 Large hinge plate	_____	HPS035 35 mm screw

MATERIAL REQUIRED

QTY ▼	INSTRUMENTATION	QTY ▼	IMPLANT COMPONENTS
_____	HPH100 Croc Holder	_____	HPI012 Small hinge plate
_____	HPDG110 Dual Guide	_____	HPI016 Medium hinge plate
_____	HPT112 Template 12 mm	_____	HPI020 Large hinge plate
_____	HPT116 Template 16 mm	_____	HPS025 25 mm screw
_____	HPT120 Template 20 mm	_____	HPS030 30 mm screw
_____	HPD130 Drill 3.0 mm	_____	HPS035 35 mm screw
_____	HPW150 Guide Wire		
_____	HPSD160 Screw Driver		
_____	HPC200 Case		
_____	HPK250 Complete Kit No Implants		
_____	HP-CYE100 Empty Caddy		