Doc 8

IMPLANTATION SLIP

Please fully complete both sides of this form and give it to your sales representative or send it to:

P.I.P. 337, Avenue de Bruxelles - 83507 LA SEYNE-SUR-MER Cedex - FRANCE

Operation date: ..... / ..... / .....

Follow up at: ..... **months**

Surgeon's identification (or stamp)

Name :

Address :

Tel. :

Patient's identification

Name (3 Letters) :

Age :

Left side implant identification

Stick corresponding label or copy it here

Implant type :

Volume (cc) :

Lot :

Serial N° :

Right side implant identification

Stick corresponding label or copy it here

Implant type :

Volume (cc) :

Lot :

Serial N° :

First operation : Re-operation Previous operation date : ..... / ..... / .....

Reason for surgical re-operation:

PRE-OPERATIVE CHECK UP

DATE ..... / ..... / .....

Clinical indication :

Full-face, 3/4 & side-view photos : YES NO Breast size:

Observations :

Palpation :

Mammography: YES NO Result:

Dermato exam: YES NO Result:

Rheumato exam: YES NO Result:

Auto-immune desease: Rheumatoid Polyarthritis - Sclerodermia - Thyroidic - None

Location / Observations :

Biological exam:

(please qualify & give results):

Pregnancy test : NEGATIVE - POSITIVE - NONE

PRE-OPERATIVE OBSERVATIONS:

OPERATION SLIP

OPERATION DATE ..... / ..... / .....

	LEFT SIDE	RIGHT SIDE
Implant pre-heated at:	° C	° C
In:	° C	° C
Operatory position:		
Approach:	Peri-Trans Aerolar / Axillary / Sub-mammary	Peri-Trans Aerolar / Axillary / Sub-mammary
	Other:	Other:
By existing healing:	YES NO	YES NO
	Origin:	Origin:
Position :	Pre-pectoral Retro-pectoral	Pre-pectoral Retro-pectoral
Suture thread reference:		
Drainage:	YES NO	YES NO
Compressive dressing:	YES NO	YES NO
Retention bra:	YES NO	YES NO

ANTIBIOTICS

YES NO	DOSAGE	DURATION
Drug 1 (name) :		
Drug 2 (name) :		
Drug 3 (name) :		
Drug 4 (name) :		

OBSERVATIONS :

IMMEDIATE POST-OP EFFECTS

DATE ..... / ..... / .....

	LEFT SIDE	RIGHT SIDE
Drained volume:	cc	cc
Hematomas:	YES NO	YES NO
Inflammatory reactions:	YES NO	YES NO
Other complications: (precise)	YES NO	YES NO

OBSERVATIONS :

DATE & SURGEON SIGNATURE :

SQ1115 FOR 7C4 A

[redacted]