

Inventory Control Form: LITE Plating System

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Patient Information:

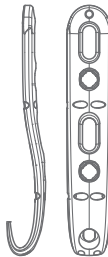
Date: _____

Hospital: _____

Surgeon: _____

LITE Distal Hook Plate

QTY	PRODUCT #	HOLES	LOT#	UDI
	3043-904	4		
	3043-906	6		
	3043-908	8		



LITE Straight Plate

QTY	PRODUCT #	HOLES	LOT#	UDI
	3061-903	3		
	3061-905	5		
	3061-907	7		
	3061-909	9		
	3061-911	11		
	3061-913	13		
	3061-915	15		
	3061-917	17		



LITE Semi-Tubular Plate

QTY	PRODUCT #	HOLES	LOT#	UDI
	3060-903	3		
	3060-905	5		
	3060-907	7		
	3060-909	9		
	3060-911	11		
	3060-913	13		
	3060-915	15		
	3060-917	17		

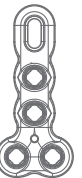


LITE Straight Plate (Optional)

QTY	PRODUCT #	HOLES	LOT#	UDI
	3061-919	19		
	3061-921	21		

LITE T-Plate, 2-hole

QTY	PRODUCT #	HOLES	LOT#	UDI
	3062-905	3		
	3062-907	5		

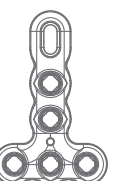


LITE Semi-Tubular Plates (Optional)

QTY	PRODUCT #	HOLES	LOT#	UDI
	3060-919	19		
	3060-921	21		

LITE T-Plate, 3-hole

QTY	PRODUCT #	HOLES	LOT#	UDI
	3063-906	3		
	3063-908	5		



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