

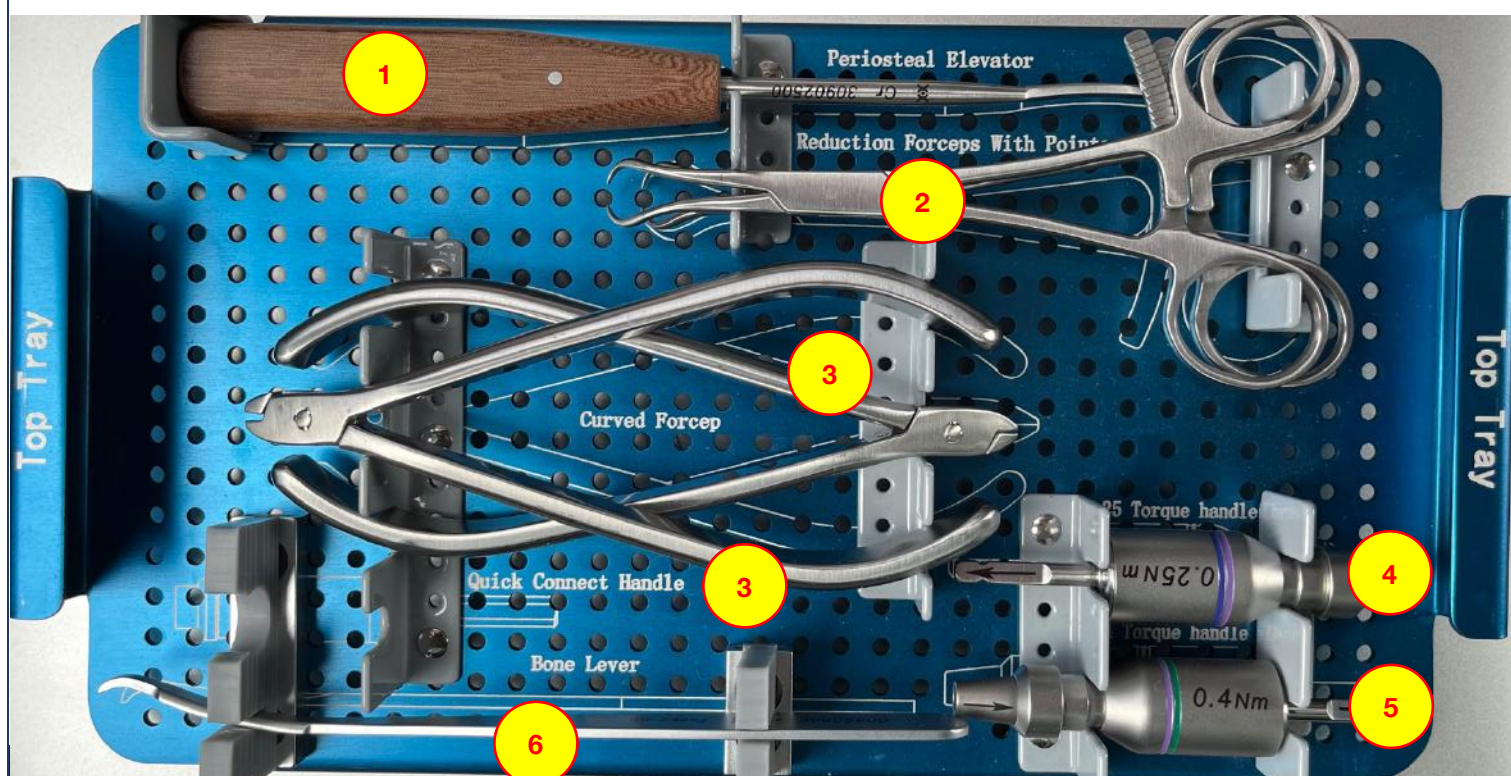
Case Information:

Date: _____

Surgeon: _____

Patient ID / Booking No.: _____

TOP TRAY – INSTRUMENTS



(Theatre Usage Code)	Supplier Code	Number & Description	Assembly	Standard Qty	Case Usage
4362	30902500	1. Periosteal Elevator		1	
4361	30902400	2. Reduction Forceps With Points		2	
4400	31103000	3. Plate bender		2	
4386	31101701	4. 0.25Nm Torque Limiting Attachment (for 1.5mm locking screws)		1	
4405	31103600	5. 0.4Nm Torque Limiting Attachment (for 2.0mm locking screws)		1	
4368	30905900	6. Hohmann Retractors		1	
4462	31109400	Crab Claw Reduction Forceps (loose)		2	

