



Document Name: Product Specialist Report

Document #: FRM165

Revision #: 1

Owner: Quality

Section 1 – To be completed by Product Specialist

Date:

| | | | |
|---|---------------|-------------|--|
| Doctor Name: | | | |
| Facility: | | | |
| Address: *Only needed if there is more than one building facility | | | |
| City: | State: | Zip: | |
| Phone #: | | | |

Section 2 – To be completed by Product Specialist

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|--|
| Tray Used: (Include Tray Number) |
| Procedure Done: |
| Comments: |
| Complaints: |

Revision History

| Level | Description | Revision Date |
|-------|-----------------|---------------|
| 1 | Initial release | 10/19/2022 |

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