STICK ADDITIONAL THEATRE LABELS HERE IF REQUIRED

DO NOT PLACE IN PATIENT NOTES - TO BE RETAINED IN THEATRE SUITE

DATE **STICK PATIENT LABEL HERE** PLEASE PLACE IMPLANT) LEFT - **Side** - Right () LABELS ON THE REVERSE IF BILATERAL THEN DO SEPARATE FORMS

STICK ADDITIONAL THEATRE LABELS HERE IF REQUIRED

DO NOT PLACE IN PATIENT NOTES - TO BE RETAINED IN THEATRE SUITE