

Bill Only Form

Greater San Francisco



Vendor Instructions:

1. Complete this form.
2. Attach device stickers or charge sheet (reference Lawson Numbers) along with this form.
3. Submit this form and charge sheet to Sutter authorizing staff.

⚠ **This form CANNOT be removed from the site with a patient sticker attached.**

PATIENT STICKER

Vendor & Procedure Information

Company Name	
Sales Rep Name	
Sales Rep Telephone	
Sales Rep Email	
Sales Rep Tracking #	
PO to be emailed to	

Procedure Name	
Procedure Start Time	
Dept. Product Was Used In	
Physician Name	
Date of Surgery/Service	

Site (check the appropriate location)

- ☐ 274-CPMC Davies Angio 70053 (CPMC-DAV) 70BLL
- ☐ 274-CPMC Davies Surgery 70999 (CPMC-DAV) 70BLL
- ☐ 274-CPMC Davies Rehab Orthotics 70260 (CPMC-DAV) 70BLL
- ☐ 274-CPMC Mission Bernal N1999 (CPMC-MBC) N1BLL
- ☐ 274-CPMC Van Ness Angio N2996 (CPMC-VNC) N2BLL
- ☐ 274-CPMC Van Ness EP N2997 (CPMC-VNC) N2BLL
- ☐ 274-CPMC Van Ness Cath Lab N2998 (CPMC-VNC) N2BLL
- ☐ 274-CPMC Van Ness Surgery N2999 (CPMC-VNC) N2BLL

- ☐ 274-Sutter Lakeside 20BO1 (SLH) 20BLL
- ☐ 274-Sutter Novato 34BO1 (NCH) 34BLL
- ☐ 274-Sutter Santa Rosa Surgery K4BO1 (SSRRH) K4BLL
- ☐ 274-Sutter Santa Rosa Cath Lab K4BO2 (SSRRH) K4BLL
- ☐ 274-Sutter Santa Rosa Heart Rm. K4BO3 (SSRRH) K4BLL
- ☐ 274-Sutter Santa Rosa EP Lab K4BO4 (SSRRH) K4BLL

- ☐ 609-Sutter Santa Rosa Surgery & Endoscopy J9BIL (SRSEC) J9BLL

Instructions for Sutter Authorizing Staff:

1. Validate, then sign this form.
2. Add patient sticker.
3. Email this form and charge sheet within 24hr of procedure to S3buyerbillonly@sutterhealth.org.

Authorizing Name _____ Signature _____

By signing above, I confirm receipt of the item(s). Please sign any additional pages as well.

Note: Attach a separate sheet with device stickers and/or write codes for items without stickers including the product number, description, price, quantity, etc.