



**Ergo** Midwest, Inc.

"The Science of Positive Outcomes"

# PRO GRANUM



Advanced Wound Therapy System

**1-877-387-ERGO**

## WORK ORDER

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ DELIVERY \_\_\_\_\_ PICK-UP (CIRCLE ONE) SERVICE \_\_\_\_\_

FACILITY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CONTACT: \_\_\_\_\_ PHONE #: \_\_\_\_\_

PATIENT NAME: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

ROOM #: \_\_\_\_\_ P.O. #: \_\_\_\_\_

Progranum UNIT: \_\_\_\_\_ SERIAL #: \_\_\_\_\_

CARRYING BAG & HANGER: \_\_\_\_\_ SERIAL #: \_\_\_\_\_

CONNECTION TUBING QUANTITY \_\_\_\_\_

FOAM QUANTITY \_\_\_\_\_

STOMA PASTE QUANTITY \_\_\_\_\_

SUCTION CANISTER QUANTITY \_\_\_\_\_

WOUND KIT QUANTITY \_\_\_\_\_

DATE/TIME NEEDED: \_\_\_\_\_

EMPLOYEE NAME: \_\_\_\_\_

DATE/TIME STARTED: \_\_\_\_\_ AM/PM DATE/TIME COMPLETED: \_\_\_\_\_ AM/PM

LABOR TIME: \_\_\_\_\_ TRAVEL TIME: \_\_\_\_\_ QA COMPLETE: Y N

SPECIAL INSTRUCTIONS: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

Customer's signature below acknowledges that they have been in-serviced on the proper use of all equipment delivered. If an in-service on equipment delivered was refused, customer name & title refusing in-service noted as:

CUSTOMER SIGNATURE: \_\_\_\_\_

TECHNICIAN SIGNATURE: \_\_\_\_\_

ACCOUNT REPRESENTATIVE: \_\_\_\_\_