Bill Only Form

Greater East Bay

Sutter Health

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		Procedure Name	
Sales Rep Name		Procedure Start Time	
Sales Rep Telephone		Dept. Product Was Used In	
Sales Rep Email		Physician Name	
Sales Rep Tracking #		Date of Surgery/Service	
PO to be emailed to			

Site (check the appropriate location)

- ☐ 110-Sutter Solano Medical Center 43BIL (SSMC) 43BLL
- ☐ 207-Sutter Eden Surgery K1BO1 (EMC) K1BLL
- ☐ 207-Sutter Eden Angio K1BO2 (EMC) K1BLL
- ☐ 213-Alta Bates Ashby Surgery 03BO1 (ABSMC) 03BLL
- ☐ 213-Alta Bates Summit Surgery 78BO1 (ABSMC) 78BLL
- ☐ 213-Alta Bates Summit Cath Lab 78BO2 (ABSMC) 78BLL
- ☐ 213-Alta Bates Summit IR 78BO3 (ABSMC) 78BLL
- ☐ 213-Sutter Delta Surgery 14BO1 (SDMC) 14BLL
- ☐ 213-Sutter Delta Cath Lab 14BO2 (SDMC) 14BLL
- ☐ 623-Sutter San Leandro Surgery Ctr K8BIL (SLSC) K8BLL

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.