Product information			
Case ID:		Notification Date:	
Unique ID:		Supplier	
Product:			
Reason for recall:			
Disposition:	Date:		
Recipient information			
MRN:	DOB:		
Name:			
Contact information:			
Status (circle one):	Unknown	Living	Deceased
If deceased, date and cause of death:			
Summary/Timeline			
Notification Required?			

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Attending physician information	
Name:	
Contact information:	
Primary care physician information	
Name:	
Contact information:	
Notification timeline	
Evaluation	
FDA Reportable?	
Final Medical Director Review:	Date:

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