

## Device-Specific Needs

If you have received any surgical treatments, fill out this form and be sure to keep any device-specific information with this guide.

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I have a DBS device.

### Surgery & Device Details

Neurosurgery Center:

Center Phone:

Neurosurgeon:

Date of Surgery:

Product Name (IPG Model):

Manufacturer Name:

Manufacturer Phone:

Lead Location: ☐ Right Brain ☐ Left Brain

Battery Type: ☐ Rechargeable ☐ Non-rechargeable

Battery Location: ☐ Right Chest ☐ Left Chest ☐ Other

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I use a device to deliver my medication.

### Device Details

Medication Name:

Manufacturer Name:

Manufacturer Phone:

### Daily Dosage Schedule

Be sure to list the continuous dose, any extra doses and the time range for taking them on the medication form (pages 33-40).



To print additional copies of Device-Specific Needs, or to complete the form online, visit [Parkinson.org/HospitalSafety](https://www.parkinson.org/HospitalSafety).