

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 carbidopa/levodopa enteral suspension (Duopa).

Daily Dosage Schedule

☐ Morning Dose Time:

☐ Continuous Dose Time:

☐ Extra Dose(s) Time:



To print additional copies of Device-Specific Needs, visit Parkinson.org/HospitalSafety.