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Unit Dose,
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Experts!

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Medi-Dose[®] EPS[®]

Kleen-Print[®]

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Nursing Supply
Experts!

**KLEEN-PRINT® FOOTPRINTER
OB. SECTION**

STOP HERE
DISPOSABLE FOOTPRINTER No. 3100
Barcode: 800.523.8966
MOTHER'S NAME: _____ HOSPITAL NO.: _____

NEWBORN IDENTIFICATION
HOSPITAL NO. _____ INFANT'S NAME _____ Catalog Number: KP3100
For Use With Kleen-Print Footprinter

PRINTED NO. _____ BRACELET _____ INFANT'S BIRTH DATE _____ TIME _____ SEX _____
SIGNATURE, PREGNANT WOMAN _____ PRINTS _____ COLOR OF HAIR _____ WEIGHT _____ LENGTH _____

TO BE COMPLETED IN DELIVERY ROOM

DISPOSABLE FOOTPRINTER No. 3100

THIS SIDE UP

MOTHER'S RIGHT INDEX FINGERPRINT _____
INFANT'S LEFT FOOTPRINT (for Righting) _____
INFANT'S RIGHT FOOTPRINT (for Righting) _____

I HEREBY CERTIFY that on being discharged I examined my baby and determined that it was mine. On checking the bracelet prints carried onto the baby and myself, I found that they were identically numbered _____ and contained correct identifying information.

WITNESS _____ DATE _____
HOSPITAL REPRESENTATIVE _____ SIGNED _____ MOTHER _____

Scan Me!



**The No-Mess, No-Ink Newborn
Identification Solution!**

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