








Instructions for Completion of Implant Card

1. Name of the patient or patient ID. To be filled by the healthcare institution/provider.
2. Date of implantation. To be filled by the healthcare institution/provider.
3. Name and address of the healthcare institution. To be filled by the healthcare institution/provider.
4. Add patient label sticker provided with device to implant card.
5. Provide completed implant card to patient.

Explanation/ translation of symbols

	Medical Device
	Manufacturer: Parcus Medical
	Patient Name
	Implant Date
	Healthcare Institution
	Electronic Instructions for Use
	Patient Information website

Place to attach the
Implant card



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