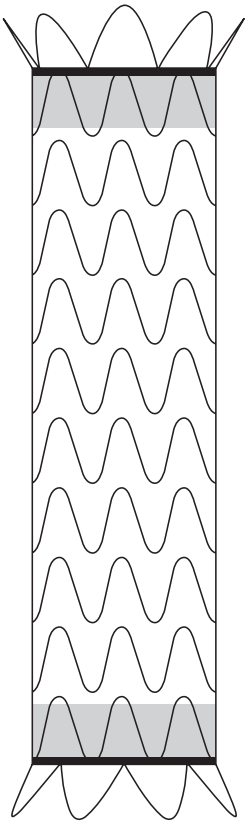
Devices Implanted

Patient Name: _____

DOB: _____ **Today's Date:** _____



Device: _____

Access Site: _____

PROCEDURE NOTES:

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_____

Place device label from device packaging here

REF Catalogue Number

_____

LOT Batch Code

_____

Place device label from device packaging here

REF Catalogue Number

_____

LOT Batch Code

_____

Place device label from device packaging here

REF Catalogue Number

_____

LOT Batch Code

_____

Gore Sales Associate: _____

Phone: _____ **Email:** _____

GORE TAG® THORACIC ENDOPROSTHESIS

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