

Patient Name / ID: _____

Hospital: _____

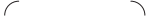
Date of Case: _____

Physician: _____

RIGHT **R**

LEFT **L**

AORTIC EXTENDER **R**



AORTIC EXTENDER **L**



TRUNK-IPSILATERAL **R**
LEG



TRUNK-IPSILATERAL **L**
LEG



ILIAC BRANCH **R**
COMPONENT
COMMON ILIAC ARTERY



CONTRALATERAL **R**
LEG*



CONTRALATERAL **L**
LEG*



ILIAC BRANCH **L**
COMPONENT
COMMON ILIAC ARTERY



ILIAC EXTENDER **R**
EXTERNAL ILIAC ARTERY



ILIAC EXTENDER **R**



ILIAC EXTENDER **L**



ILIAC EXTENDER **L**
EXTERNAL ILIAC ARTERY



INTERNAL ILIAC **R**
COMPONENT



INTERNAL ILIAC **L**
COMPONENT

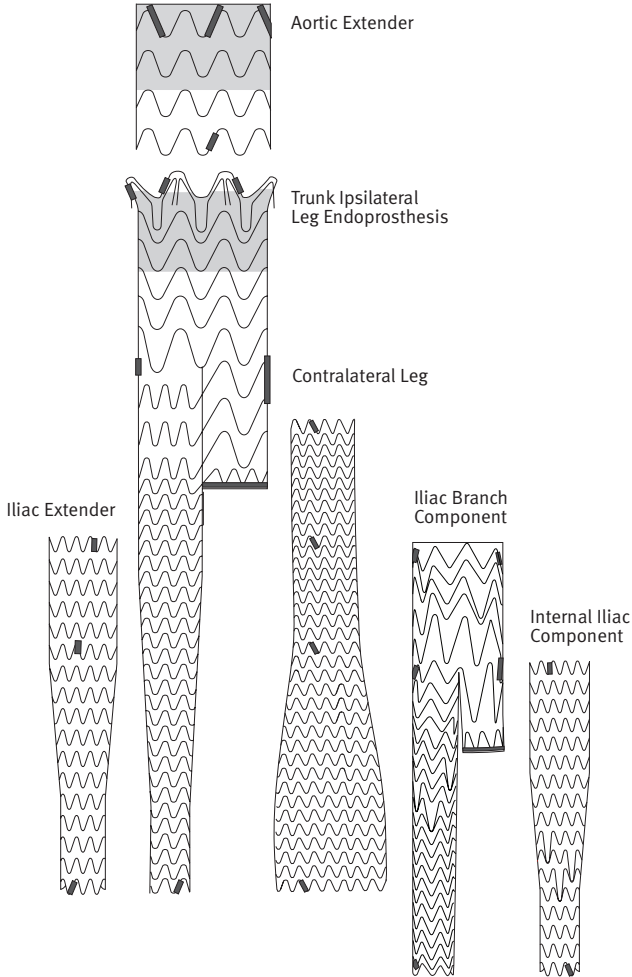


* When the GORE® EXCLUDER® Iliac Branch Endoprosthesis is used, 23 mm or 27 mm Contralateral Legs are used as bridging components.

Gore Associate: _____

Phone: _____ Email: _____

PROCEDURE NOTES:



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