



F.76 Ormed _Patient Implant Card_Rev00 dated 30.10.2024

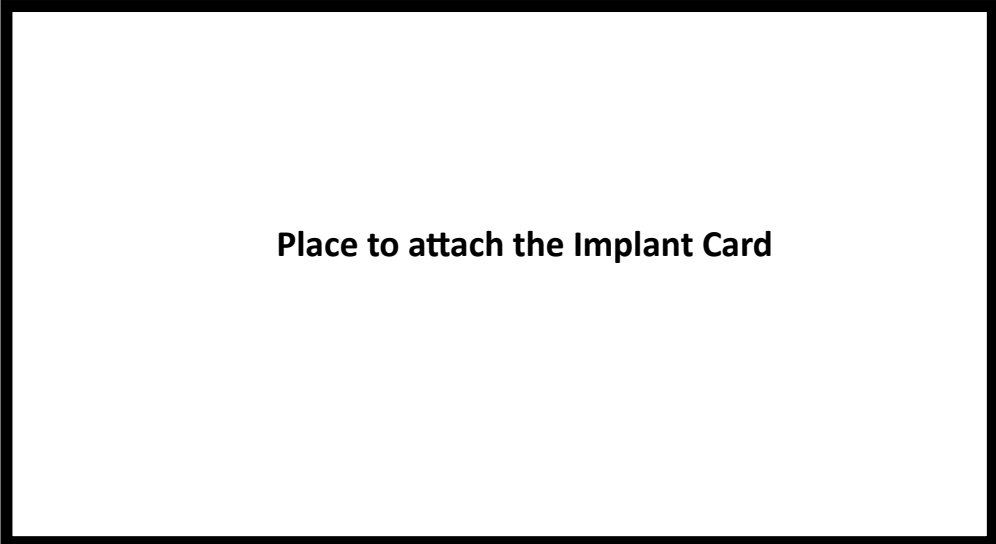


PATIENT IMPLANT CARD

ORMED GRUP MEDİKAL
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info@ormedgrup.com.tr

Instruction for completion

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/ provider.** To be filled by the Healthcare institution/ provider.



Place to attach the Implant Card

INTERNATIONAL IMPLANT CARD		EXPLANATION OF SYMBOLS	
Doc No: F.76 Issue Date:30/10/24 Rev00 Rev. Date: -			
	1		Patient Name
	2		Implant Date
	3		Healthcare Institution
			Patient Information website
			Medical Device Name
			LOT number
			Unique Device Identification
			Manufacturer