



INTERNATIONAL IMPLANT CARD



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Instruction for completion (to be provided in the language(s) determined by the concerned member State(s))

1. Name of the patient. 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 sticker with device type in required language.



Nom du patient, Patient Name, Patientenname, Nome del paciente, Nome del paziente, Nome do paciente, Naam patiënt



Date d'implantation, Date of Implantation, Datum der Implantation, Fecha de implantación, Data dell'impianto, Data de implantação, Operatie dabum



Nom et adresse de l'établissement de santé, Name and Address of the implanting healthcare institution/provider, Name und Adresse der Gesundheitseinrichtung, Nombre y dirección del centro de salud, Nome e indirizzo della struttura sanitaria, Nome e endereço da instituição de saúde, Naam en adres van de zorginstelling



Nom et adresse du fabricant, Name and Address of the manufacturer, Name und Adresse des Herstellers, Nombre y dirección del fabricante, Nome e indirizzo del produttore, Nome e endereço do fabricante, Naam en adres van de fabrikant



Numéro de Lot, Batch code, Chargennummer, Código de lote, Numero di lotto, Número de lote, Batchnummer

