## **DEVICE IDENTIFICATION AND** LIMITED WARRANTY CARD

## PATIENT RECORD

PLEASE KEEP THIS WITH YOUR HEALTH CARE RECORDS.

When needed, present this Device ID card at your mammography centre.

PATIENT LIMITED WARRANTY ENROLLMENT ACTIVATED

PATIENT NAME \_\_\_\_\_

DATE OF SURGERY \_\_\_\_\_

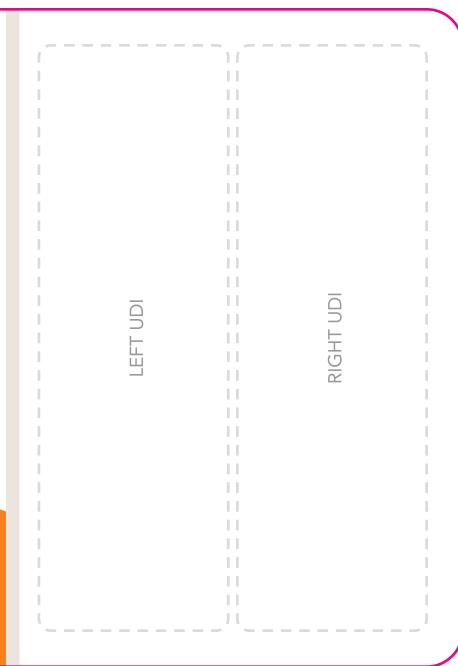
PHYSICIAN NAME

THIS CARD BELONGS TO THE PATIENT. PLEASE GIVE IT TO THE PATIENT.



There is a boxed warning for breast implants, see web link. For more information about Sientra breast implant safety information, patient decision checklist, and labelling, including boxed warning please visit sientra.ca/commitment-to-safety

MDC-0754 R1



		(
LEFT SIDE		
CATALOGUE NUMBER _		
SERIAL NUMBER		
UNIQUE DEVICE IDENTIFIER (UDI)		PATIENT RECORD LABEL
DEVICE STYLE & SIZE		
O Smooth Round	<ul><li>Augmentation</li><li>Reconstruction</li></ul>	
	☐ Implant Replacement	
		1
RIGHT SIDE		
RIGHT SIDE  CATALOGUE NUMBER		
CATALOGUE NUMBER	IFIER (UDI)	PATIENT RECORD LABEL
CATALOGUE NUMBER		PATIENT RECORD LABEL
CATALOGUE NUMBER SERIAL NUMBER UNIQUE DEVICE IDENTI		PATIENT RECORD LABEL