

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.

sientra® TOLL FREE: 888.478.5782
info@sientra.ca | sientra.ca

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 UDI

RIGHT UDI

LEFT SIDE

CATALOGUE NUMBER _____

SERIAL NUMBER _____

UNIQUE DEVICE IDENTIFIER (UDI) _____

DEVICE STYLE & SIZE _____

- Smooth Round Augmentation
 Reconstruction
 Implant Replacement

PATIENT RECORD LABEL

RIGHT SIDE

CATALOGUE NUMBER _____

SERIAL NUMBER _____

UNIQUE DEVICE IDENTIFIER (UDI) _____

DEVICE STYLE & SIZE _____

- Smooth Round Augmentation
 Reconstruction
 Implant Replacement

PATIENT RECORD LABEL