ARTIVION

Implant Registration Form

Artivion's Privacy Policy:
www.artivion.com/privacy-policy

Place Patient Record Label Here

Return to:
Artivion, Inc.
Device Tracking Department
1655 Roberts Blvd NW
Kennesaw, GA 30144 USA

Phone: +1 (888) 427-9654
Email:
devicetracking@artivion.com

This device is required to be tracked under Federal Regulations. Please complete the Implant Registration Form online at www.artivion.com/ImplantRegistration or complete the below form and return to Artivion, Inc.

*Please complete this form as fully as local law allows and promptly return to Artivion, Inc.

Use this QR code to access the online registration form

Device Information (Select all that apply)
☐Implant ☐Not Used ☐Explant Anatomical Implant Position _____

☐Return Date (YYYY/MM/DD):_____ ☐Disposed Date (YYYY/MM/DD): _____

Today's Date (YYYY/MM/DD):

Date of Service (YYYY/MM/DD):

SN OR LOT	REF	
Serial Number / Lot Number	Catalogue Number	Use-by Date

Additional Device ☐N/A ☐Implant ☐Not Used ☐Explant Anatomical Implant Position: _____

SN OR LOT	REF	
Serial Number / Lot Number	Catalogue Number	Use-by Date

Patient Information Check if applicable: ☐ Date of Death:_____ ☐ Patient Refusal to Release Information

Name (Last, First) or Patient ID#:			Gender: ☐M ☐ F ☐Not Indicated
MRN:	Date of Birth: (YYYY/MM/DD)	Telephone:	Email:
Mailing Address:			
City:	State/Province:	Zip/Postal Code:	Country:

Hospital Information

Hospital Name:		Telephone:	
Mailing Address:			
City:	State/Province:	Zip/Postal Code:	Country:

Implanting/Explanting Surgeon ☐ Check if address is the same as above

Surgeon Name:		Telephone:	
Mailing Address:			
City:	State/Province:	Zip/Postal Code:	Country:

Follow-up Physician ☐Same as Surgeon ☐ Check if address is the same as above

Physician Name:		Telephone:	
Mailing Address:			
City:	State/Province:	Zip/Postal Code:	Country:

Comments:

Name: _____ Contact phone or email: _____