On-X® | Life Technologies, Inc.™

Return to: On-X Life Technologies Inc.
Device Tracking Department
1300 East Anderson Lane, Building B
Austin, TX 78752

Fax to: 512.339.3636, Attn: Device Tracking
Telephone: 512.339.8000 • Email: onx@onxlti.com

On-X Valve Implant Registration Form*

Date of Surgery (YYYY/MM/DD):	Position:	SN SERIAL NUMBER	REF CATALOGUE NUMBER	USE-BY DATE

☐ Implant or ☐ Not Used _____ or ☐ Explant Date _____ or ☐ Death Date _____

Additional On-X Valves For Same Patient ☐ Yes ☐ No

2nd Valve	Position:	SN SERIAL NUMBER	REF CATALOGUE NUMBER	USE-BY DATE

☐ Implant or ☐ Not Used _____ or ☐ Explant Date _____ or ☐ Death Date _____

3rd Valve	Position:	SN SERIAL NUMBER	REF CATALOGUE NUMBER	USE-BY DATE

☐ Implant or ☐ Not Used _____ or ☐ Explant Date _____ or ☐ Death Date _____

Patient

First Name:		Last Name:	
Gender: ☐ M ☐ F ☐ Not Indicated	SSN/MRN:	Birth Date (YYYY/MM/DD):	
Mailing Address:		Mailing Address 2:	
City:	State/Prov.:	Zip/Postal Code:	Country:
Telephone:		Email:	

Hospital

Hospital Name:		Telephone:	
Mailing Address:		Mailing Address 2:	
City:	State/Prov.:	Zip/Postal Code:	Country:

Surgeon (Explanting Surgeon If Reporting Explant Date)

First Name:		Last Name:	
Mailing Address:		Mailing Address 2:	
City:	State/Prov.:	Zip/Postal Code:	Country:
Telephone:		NPI:	

Following Physician (Cardiologist Or Primary Care Physician) ☐ Same as Surgeon

First Name:		Last Name:	
Mailing Address:		Mailing Address 2:	
City:	State/Prov.:	Zip/Postal Code:	Country:
Telephone:		NPI:	
Comments:		Printed Name/Title:	
		Signature:	
		Today's Date:	Telephone:

*Please complete this form as fully as local law allows and return it promptly to On-X Life Technologies, Inc. or your local distributor.
This will enter each patient in the implant registry and allow traceability for future follow-up.

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