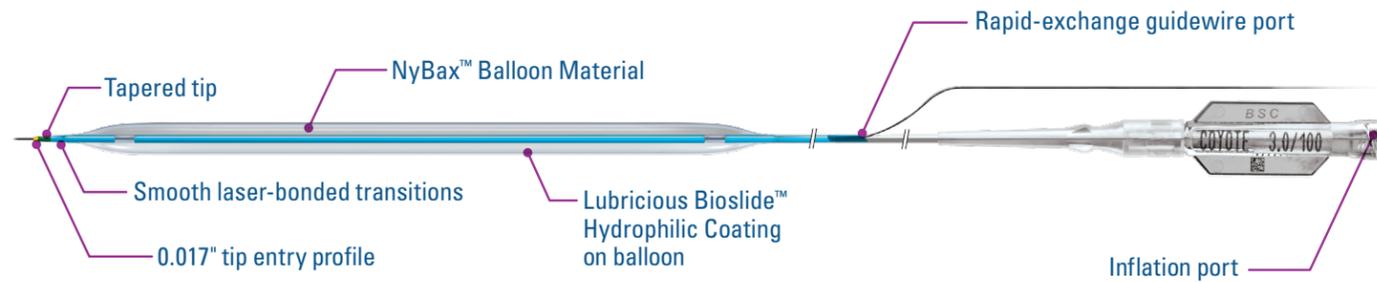
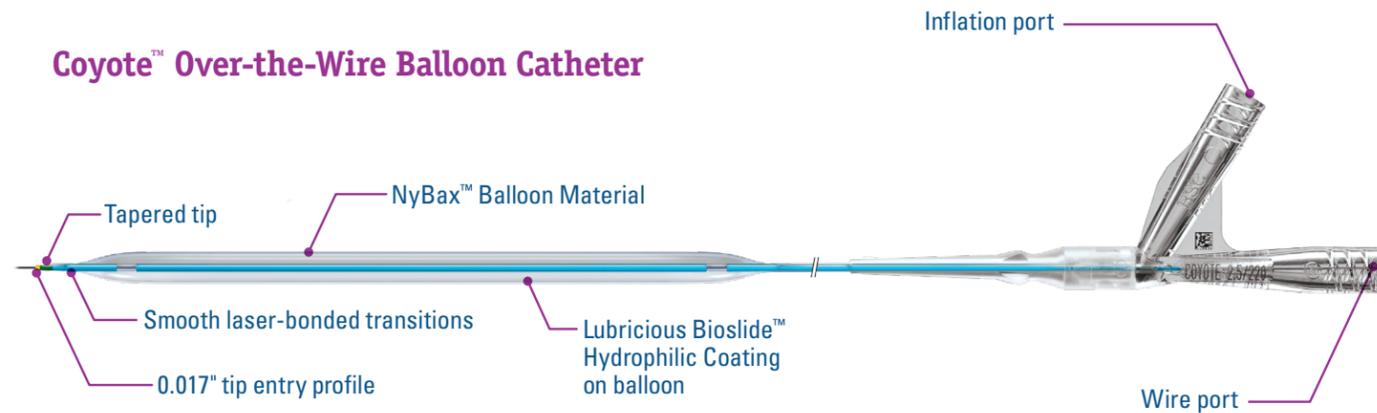


Coyote™ Monorail™ Balloon Catheter



Coyote™ Over-the-Wire Balloon Catheter



The C-code used for this product is C1725, Catheter, transluminal angioplasty, non-laser (may include guidance, infusion/perfusion capability).

C-codes are used for hospital outpatient device reporting for Medicare and some private payers.

Note: Boston Scientific is not responsible for the correct use of codes on submitted claims; this information does not constitute reimbursement or legal advice.

Coyote™ Balloon Dilatation Catheter

Prior to use, please see the complete "Directions for Use" for more information on Indications, Contraindications, Warnings, Precautions, Adverse Events, and Operator's Instructions.

CAUTION: Federal law (USA) restricts this device to sale by or on the order of a physician.

INTENDED USE/ INDICATIONS FOR USE: The Coyote MONORAIL PTA Balloon Dilatation Catheter is indicated for Percutaneous Transluminal Angioplasty (PTA) in the peripheral vasculature, including iliac, femoral, popliteal, infra-popliteal and renal arteries, and for the treatment of obstructive lesions of native or synthetic arteriovenous dialysis fistulae.

CONTRAINDICATIONS: None Known.

WARNINGS: Any use for procedures other than those indicated in these instructions is not recommended.

PRECAUTIONS: The Coyote MONORAIL PTA Balloon Dilatation Catheter should be used with caution for procedures involving calcified lesions or synthetic vascular grafts due to the abrasive nature of these inflation sites. The Coyote MONORAIL PTA Balloon Dilatation Catheters are not intended for injection of contrast medium. Precautions to prevent or reduce clotting should be taken when any catheter is used: Consider systemic anticoagulation. Flush or rinse all products entering the vascular system with sterile isotonic saline or a similar solution prior to use. Consult the manufacturers instructions for use when using distal embolic protection devices during angioplasty.

ADVERSE EVENTS: The complications that may result from a balloon dilatation procedure include, but are not limited to: Allergic reaction (device, contrast medium and medications), Arteriovenous fistula, Embolization (air, device, plaque, etc.), Hematoma, Hemorrhage, including bleeding at puncture site, Pseudoaneurysm, Sepsis/infection, Thromboembolic episodes, Vessel injury, e.g. dissection, perforation, rupture, Vessel occlusion, Vessel spasm.

Coyote, NyBax, and Monorail are registered or unregistered trademarks of Boston Scientific Corporation or its affiliates.



Using your smartphone, scan this image using a QR reader application and be taken to our website: www.bostonscientific.com/coyote.

Boston Scientific
Advancing science for life™

Peripheral Interventions
300 Boston Scientific Way
Marlborough, MA 01752 USA
www.bostonscientific.com

To order product or for more information contact customer service at 1.888.272.1001.

© 2014 Boston Scientific Corporation or its affiliates. All rights reserved.

PI-11701-AC JUL2014

COYOTE™ Balloon Catheter
GET TO. GET THROUGH. GET GOING.



Coyote™ Balloon Catheter

puts the numbers in your favor.

220 mm

Available in balloon lengths up to 220 mm

<10 seconds*

Best-in-class deflation time

0.017"*

Ultra-low lesion entry profile

4X

Available in four configurations: over-the-wire and Monorail® Platforms on 90 cm and 150 cm shaft lengths

You'll want to get your hands on Coyote™ Balloon Catheter.

Introducing Coyote, the go-to below-the-knee (BTK) peripheral balloon. Confidently take on BTK procedures with a new level of deliverability, crossability, and ultra-low profile.



Get to

With four catheter configurations optimized for maximum push and excellent track



Get through

With an ultra-low lesion entry profile (0.017") and best-in-class crossing profile (0.030")



Get going

With deflation times of less than 10 seconds* and balloon lengths up to 220 mm

*Average measurements taken by Boston Scientific (n=3, 2 mm x 120 mm balloon). Data on file (TM 90226022, 90110865, 6-22616-01). Bench test results may not necessarily be indicative of clinical performance.