

## **Product Registration Form**

Fax: 651.582.3126

Complete all applicable information, as available and as permitted by law, and transmit to Boston Scientific CRM, Medical Records. US regulations require that distribution and/or implant of devices be tracked and reported to Boston Scientific. Also transmit data from the programmer, such as patient data and QUICK NOTES™.

Use the tab key to quickly move from field to field. Hover the cursor over any field to display a completion hint. Print form and place labels of product information, if desired.

<b>Patient Information</b>										
Last Name:			First Nam	First Name:			Suffix:	Gend	der: 🔲 Male	Female
Street:				City:		State:	Country:		ZIP+4:	
Phone:			SSN:		DOB:	Weight:		MR #:		
Indications for Thera	ару									
Indications for Therapy (Pri	mary):				Indications	for Therapy (Oth	ner):			
Physician and Hospi	tal Infori	mation				• • •				
Implanting MD Last Name:			First Name:		Middle:	Suffix:	Specialty:		Phone:	
Street:				City:		State:	ZIP+4:	C	ountry:	
Following MD Last Name:			First Name:	,	Middle:	Suffix:	Specialty:		Phone:	
Street:				City:		State:	ZIP+4:	C	ountry:	
Referring MD Last Name:			First Name:		Middle:	Suffix:	Specialty:		Phone:	
Street:				City:		State:	ZIP+4:	C	ountry:	
Implanting Facility Name:	:						Country:			
Street:				City:		State:	ZIP+4:	Р	hone:	
Pulse Generator Info	rmation	1		Devic	е Туре:					
Implant Date:	plant Date: Manufacturer:			Model	: SN:	lmp	lant Location:		Side of Body	<i>'</i> :
<b>Programmed Parameters</b>	Pacing Mode:			LRL: ppm URL:		ppm AV Delay:		ms PVARP: ms		
	V Refrac	tory:	ms	☐ AV	Search VRR		Atrial Tachy Respo	nse [	Sudden Bra	dy Response
Lead/Adapter Inforn	nation									
Implant Date:	Manufac	cturer:		Model:	SN:		Polarity:	Posit	ion:	
Implant Date:	Manufacturer:			Model:	SN:		Polarity:	Position:		
Implant Date:	Manufacturer:			Model:	SN:		Polarity:	Position:		
Implant Date:	Manufac	cturer:		Model:	SN:		Polarity:	Position:		
Implant Date:	Manufacturer:			Model: SN:			Polarity:		ion:	
Measured Data										
Lead	Sensing	Amplitude	e Pacing Impe	dance	Shocking Impedance	e Pulse Width	Threshold	Current	DFT	A Fib
	mV	☐ Paced	d ohms		ohms	ms	V	mA	J	
	mV	☐ Paced	d ohms		ohms	ms	V	mA	J	
	mV	☐ Paced	d ohms		ohms	ms	V	mA	J	
	mV	☐ Paced	d ohms		ohms	ms	V	mA	J	
	mV	☐ Paced	d ohms		ohms	ms	V	mA	J	
Concomitant pacemaker?	□ No	☐ Yes	Manufacturer:		Model:	SN:	Polar	ity:	Mode:	
If complications were experi	ienced durin	ng implant,	contact Boston Scie	entific.						
Explanted, Attempte	ed, or Wa	sted In	formation							
Were any devices explante				? 🔲	No ☐ Yes If y	es, complete the	following inform	ation.		
Type: Mar	nufacturer:		Mo.	del:	SN:	•	Implant Date:	ı	Explant Date:	
Reason:					5		piant batei		Status:	
Type: Manufacturer:		Mo	Model:		Implant Date:		Explant Date:			
Reason:	raractarer.		WIO	uci.	SN:		implant bate.		Status:	
	nufacturer:		Mo	del:	SN:		Implant Date:		xplant Date:	
Reason:	idiactarer.		WO	uei.	SIN.		implant bate.		Status:	
Defibrillation Testin	a							•	rtatus.	
Test 1 Charge Time:	sec Ener	rav.	J Impedance:	Ω	RV Vector:		Result:			
Test 2 Charge Time:	sec Ener		Impedance:	Ω	RV Vector:		Result:			
Test 3 Charge Time:	sec Ener		Impedance:  Impedance:	Ω	RV Vector:		Result:			
	Ener	. ду.	impedance.		NV VECTOI.		nesuit.			
Comments:										
Form completed by: Nam	e:						Phone:	Da	ate:	
Position/Title:				Company:						
4100 Hamline Avenue North St. Paul, MN 55112-5798 USA Page 1.8	edical Professi 800.CARDIAC (2 atients and Fa 866.484.3268 utific.com	safeguards that maintain company's Code of Busin only those employees or quality, regulatory, opera	Boston Scientific CRM considers all information provided on this form to be confidential. We maintain physical, electronic, and procedural safeguards that maintain the confidentiality of this information. All information provided on this form will be handled in a manner described in our company's Code of Business Conduct and confidentiality policies. Within Boston Scientific CRM, we restrict CRMs on the caces to confidential information to only those employees or agents who need access in order to provide products and services to our customers; to those who need access to perform quality, regulatory, operational, or compliance functions; and to those whose access to confidential information is required by law or regulation.  Privacy of patient information during transmittal to Boston Scientific is the responsibility of the sender.  All rights reserved.							